



Wessex Cancer Alliance Board Meeting
Tuesday 11th June 2024, 9.30am to 11.00am
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
- ES Eileen Stonock, Chair of Wessex Cancer Alliance Involvement Steering Group
- EL Emma Leatherbarrow, Equality and Involvement Lead, Wessex Cancer Alliance
- 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)
- NB Nicola Bent, Chief Executive, Health Innovation Wessex
- RR Richard Roope, Primary Care Clinical Lead for Hampshire and Isle of Wight
- RS Richard Sim, Clinical Lead for Cancer, Dorset Integrated Care Board
- SR Sally Rickard, Managing Director, Wessex Cancer Alliance
- TC Tessa Candy, Programme Manager for Cancer and Diagnostics, NHS England (South East)

In Attendance

- AD Abigail Desouza, Programme Manager for Targeted Lung Health Checks (Wessex) and Treatment Variation, Wessex Cancer Alliance (for agenda item 4)
- LB Laura Bengree, Lead Nurse Paediatric Oncology, University Hospital Southampton NHS Foundation Trust (for agenda item 5)
- PJ Paul Johnson, Chief Medical Officer, NHS Dorset attended on behalf of Siobhan Harrington and Sue Sutton
- RF Rebecca Furlong, Senior Performance Manager – Cancer, NHS England (South East) attended on behalf of Christopher Tibbs
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance
- SO Shelley Orton, Strategic Partnership Manager (South West), Macmillan Cancer Support
- SM Stephanie Moore, Business Support Assistant, Wessex Cancer Alliance (Minutes)

Apologies

- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- DF David French, Executive Chair, Wessex Cancer Alliance
- KA Kathryn Armitage, Primary Care Clinical Lead for Dorset
- LA Lara Alloway, Clinical Lead for Cancer, Hampshire and Isle of Wight Integrated Care Board
- SW Sarnia Ward, Clinical Lead for Planned Care, Dorset Integrated Care Board
- SB Simon Bryant, Director of Public Health, Hampshire and Isle of Wight Councils
- SH Siobhan Harrington, Executive Lead for Cancer, NHS Dorset
- SS Sue Sutton, Deputy Chief Operating Officer, 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 were noted.</p>	

Item	Subject	Action
	<p>MH noted that the meeting had been shortened due to the pre-election period restrictions. RR encouraged everyone to get involved in hustings – opportunity to profile cancer.</p> <p><u>Minutes and matters arising</u></p> <p>The minutes from the last meeting held on 20th March 2024 were agreed as an accurate record.</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>Community equality</u> Action: EL to explore potential for Communities Against Cancer carers project to expand to Dorset and opportunities to work with CRUK – update to be given at September’s meeting</p> <p><u>Non Specific Symptom (NSS) pathway in Wessex</u> Future commissioning of the NSS pathway is currently going through governance review in both Integrated Care Boards.</p> <p>MH gave an update on the Multi Cancer Blood Test programme which was due to go live in Wessex this year. NHS England have made the decision to wait until the final results of the three year trial before considering further rollout – these are expected in 2026. AWr informed the Board that CRUK are working on a series of articles around multi-cancer tests.</p> <p>Action: AWr to share link to CRUK multi-cancer test articles once published</p> <p><u>Future cancer strategy development</u> Conversations are ongoing – will be revisited at next meeting.</p> <p>All other actions closed.</p>	<p>EL</p> <p>AWr</p>
<p><u>2.</u></p>	<p>Alliance Operational Performance <i>Slides attached for reference</i></p> <p>SR presented the current performance data for Wessex.</p> <p>Wessex, and both systems individually, achieved FDS, 62 day and backlog plans at the end of March.</p> <p>Referral growth coupled with recruitment constraints, financial position and now also upcoming industrial action are putting pressure on performance, which is already showing deterioration in April and May from March. The</p>	

Item	Subject	Action
	<p>greatest pressure is now in skin (Dorset) and breast (HIOW), but there is ongoing pressure in colorectal pathways.</p> <p>PJ queried whether there has been a steady diagnostic rate for breast and skin i.e. has there been greater pickup or are more people without cancer being referred. SR said the conversion rate has stayed steady – more cancers are being found.</p> <p>There was a discussion about the huge increase in head and neck referrals in Dorset and UHS.</p> <p>Action: AG to ask Kerry Terry to raise the increase in head and neck referrals at the Dorset SSG meeting to garner their thoughts as to what may be driving the increase</p> <p>There has been a regional request for an increase in trajectories for cancer recovery over the next 12 months. AG informed the Board that Dorset ICB have agreed they will not be revising their trajectories. HIOW ICB will not be revising their trajectories either. SR clarified the Alliance would not support changing the trajectories – holding would be an admirable achievement in the current environment.</p> <p>PJ queried whether the main driver for the decrease in performance is demand rather than a change in Trust capacity or efficiency. SR said the main driver is demand in most cases, but there are some specific Trusts/tumour sites where there are opportunities to do things differently.</p> <p>AW commented that the April elective recovery fund income for UHS, HHFT and PHU was lower than had been hoped, which indicates less work was done in April than February and March - suggested looking at the drivers in each organisation. SR said anecdotally there are examples where elective work is starting to play out in terms of prioritisation. LD commented that the HIOW ICB does receive assurance that cancer is still a priority.</p>	<p>AG</p>
<p><u>3.</u></p>	<p>Achievements in 23/24</p> <p><u>Budget summary</u> <i>Slide attached for reference</i></p> <p>RC gave an overview of the 23/24 end of year budget position.</p> <p>There was minor underspend in the WCA core budget (less than 1% of budget). More significant underspend (£761k) was in relation to Targeted Lung Health Checks and activity levels below trajectory.</p> <p>The confirmed budget for 2024/25 is £23.4m.</p> <p><u>Patient impact</u></p>	

Item	Subject	Action
	<p>ES noted that the WCA Patient and Public Involvement (WCAi) Steering Group are becoming well established. A particular area of focus for the group for this year is to develop a training offer for members.</p> <p>MH thanked ES and the WCAi on behalf of the Board for their continued support of the work of the Alliance.</p>	
<p><u>4.</u></p>	<p>Targeted Lung Health Checks <i>Slides attached for reference</i></p> <p>AD presented an overview of the Wessex Targeted Lung Health Checks programme and outlined the current key risks.</p> <p>The national ambition is to achieve 100% rollout by April 2027. Based on current trajectories, full rollout in Wessex will be achieved by April 2028.</p> <p>AG commented that the new CT scanner has gone live in Weymouth, so they are now able to expand the programme in Dorset, and queried whether any cancer alliances nationally are going to hit the rollout target of April 2027 – AD said only four are likely to meet the target. AG thanked AD for her support in Dorset.</p> <p>AW apologised on behalf of Hampshire Hospitals for the delays in going live in North and Mid Hampshire. This has been due to contractual issues. AW assured the Board that this programme is a priority.</p> <p>AG raised the need for something to help with the management of results in primary care, and said the service needs a better IT system. AD commented that the national team are trying to procure an ICT system with bi-directional integration with primary and secondary care.</p>	
<p><u>5.</u></p>	<p>Clinical review of children’s cancer activity and income</p> <p>LB described the clinical review of children’s cancer activity and income at UHS over the last 18 months.</p> <p>The review highlighted a significant gap between activity and income generated due to coding issues e.g. activities not being coded correctly.</p> <p>LB emphasised the financial advantages of the review for the team and the Trust and the potential for shared learning for adult services.</p> <p>MH commented on the challenge around activity, income and contracting.</p> <p>SR said she is keen to explore whether what is in specialised commissioning service contracts aligns with what is actually done.</p>	



<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>LD commented that this will be difficult to unpick and will require a conversation with specialised commissioning, as well as a conversation about how this will be done when specialised commissioning is devolved. LD suggested a working group.</p> <p>AW said it would be helpful to flag coding reviews as a potential opportunity area across the Trusts.</p> <p>LB added that advice and guidance was previously not being captured at all in paediatrics. UHS have created something now and it is being promoted in the paediatric oncology department – new process and income.</p> <p>JW suggested a briefing document might be useful. MH agreed.</p> <p>AG said this can be raised through the planned care group at the ICB.</p> <p>Action: LB to write a briefing document</p>	LB
6.	<p>Any other business</p> <p>MH informed the Board that the Alliance are planning a Wessex-wide Research and Innovation in Cancer conference in person on the 24th September 2024. Further details will be shared in due course.</p>	

Next meeting: Wednesday 11th September 2024, 9.30am – 12.00pm