



**Wessex Cancer Alliance Board Meeting**  
**Tuesday 10<sup>th</sup> December 2024, 2.00pm to 4.30pm**  
**Via Microsoft Teams**

**Minutes**

**Board Members Present**

- AWr Adam Wright, Senior Manager (products and programmes), Cancer Research UK
- AW Alex Whitfield, Executive Lead for Cancer, Hampshire and Isle of Wight Integrated Care System
- CT Christopher Tibbs, Acting Medical Director, South East Region
- DF David French, Executive Chair, Wessex Cancer Alliance
- ES Eileen Stonock, Chair of Wessex Cancer Alliance Involvement Steering Group
- EL Emma Leatherbarrow, Equality and Involvement Lead, Wessex Cancer Alliance
- JH Jane Horne, Consultant in Public Health, Public Health Dorset
- JW Jane Winter, Nursing/AHP Lead, Wessex Cancer Alliance
- MH Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
- NB Nicola Bent, Chief Executive, Health Innovation Wessex
- PJ Paul Johnson, Chief Medical Officer, NHS Dorset
- RR Richard Robinson, Acute Clinical Lead for Cancer, Hampshire and Isle of Wight Integrated Care Board
- RRp Richard Roope, Primary Care Clinical Lead for Hampshire and Isle of Wight
- SR Sally Rickard, Managing Director, Wessex Cancer Alliance
- SS Sue Sutton, Deputy Chief Operating Officer, NHS Dorset
- TC Tessa Candy, Programme Manager for Cancer and Diagnostics, NHS England (South East)

**In Attendance**

- AM Andrew Merwood, Clinical Lead for Psychology, Wessex Cancer Alliance (for agenda item 5)
- DP Dan Parr, Senior Programme Manager (Planned Care), Hampshire and Isle of Wight Integrated Care Board attended on behalf of Lyn Darby
- KC Kathy Cooke, Workforce Programme Manager, Wessex Cancer Alliance (for agenda item 3)
- ML Michele Legg, Deputy Chief Medical Officer, Hampshire and Isle of Wight Integrated Care Board attended on behalf of Lara Alloway
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance
- SM Stephanie Moore, Business Support Assistant, Wessex Cancer Alliance (Minutes)
- TCo Teresa Corbett, Project Manager (Personalised Care), Wessex Cancer Alliance (for agenda item 5)

**Apologies**

- KA Kathryn Armitage, Primary Care Clinical Lead for Dorset
- LA Lara Alloway, Clinical Lead for Cancer, 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, Clinical Lead for Cancer, Dorset Integrated Care Board
- SB Simon Bryant, Director of Public Health, Hampshire and Isle of Wight Councils

<u>Item</u>	<u>Subject</u>	<u>Action</u>
<u>1.</u>	<p><b>Welcome and introductions</b></p> <p>MH opened the meeting. Apologies were noted.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p><b><u>Minutes and matters arising</u></b></p> <p>The minutes from the meeting held on 11<sup>th</sup> June 2024 were agreed as an accurate record.</p> <p><b><u>Update on actions from last meeting</u></b></p> <p>The following updates were provided on actions not covered under the main agenda:</p> <p><b><u>Community equality</u></b></p> <p>EL gave an update on Communities Against Cancer. The project was re-launched in Dorset in the summer – 12 applications in total across Wessex, 9 from Dorset - excellent response from communities in Dorset particularly minoritised ethnic communities.</p> <p><b><u>Head and neck referrals increase in Dorset</u></b></p> <p>Head and neck referral activity has levelled out – Site Specific Group chair has been asked for their thoughts on the previous increase. This will inform part of the planned deep dive work.</p> <p>All other actions closed.</p>	
<p><b><u>2.</u></b></p>	<p><b><u>Clinical Strategy – for agreement</u></b></p> <p>The Board discussed the draft Wessex Cancer Strategy.</p> <p>The following points were raised:</p> <ul style="list-style-type: none"> <li>• The strategy must be a single Cancer Strategy for Wessex – jointly owned by the WCA, providers and Integrated Care Boards (ICB).</li> <li>• There are commonalities with system priorities and other long-term conditions – must triangulate with ICB priorities to ensure greatest impact and economic viability.</li> <li>• Tighten language around commissioning (ICB role and WCA role specifically).</li> <li>• References to a joined-up approach, particularly to pathology and imaging networks, are key.</li> <li>• Need to shore up approach of collaboration across networks to equalise funding to diagnostic networks versus treatment areas.</li> <li>• Need to include specificity in outcome ambition as much as possible.</li> <li>• Enhance post treatment focus.</li> <li>• Ensure commissioning is whole pathway, not separated into stages.</li> <li>• Recognise NHS England will focus on performance management and less on strategic leadership or commissioning. Utilise Alliance design around whole pathways of care to help land complex reconfiguration when required.</li> <li>• Recognise that psychology sits across the whole pathway from prevention to end of life.</li> </ul> <p>There was a discussion about next steps and which organisations need to approve the strategy.</p>	

Item	Subject	Action
	<p>The draft strategy will be updated as per the above points and then sent to both ICBs for ratification.</p> <p><b>Action:</b>  <b>Updated strategy to be sent to Board members (with summary of feedback from today's meeting) and then to ICBs for ratification</b></p> <p>SR shared there is interest in the Wessex Cancer Strategy from the national cancer programme and the wider team in Whitehall developing the 10 year cancer plan that will follow the NHS 10 year plan.</p>	<p>SR/MH</p>
<p><b>3.</b></p>	<p><b>Workforce update</b>  <i>Slides attached for reference</i></p> <p>KC presented an overview of the 2024/25 WCA Workforce Programme and how this aligns to national, regional and system priorities.</p> <p>Whilst in previous years the programme has looked at piloting innovative new roles, such as pathway navigators and physician associates, the focus this year has been on attracting and retaining, training, and reforming within the cancer workforce.</p> <p>KC summarised the national ACCEND (Aspirant Cancer Career Education and Development) Framework which the WCA and two other cancer alliances will be leading on through a national core delivery group, and described the Alliance's plan to develop a Wessex Cancer Academy.</p> <p>AW queried if KC was worried about changes to apprenticeship levy funding. KC commented that nationally the ACCEND team are looking at developing apprenticeship offers and said she was not unduly worried, but it was something to keep an eye on.</p> <p>AWr highlighted the national education products from CRUK which the Alliance can signpost to.</p> <p>RR asked KC for her thoughts on Physician Associates (PAs) and said there are examples of PAs being appointed and trained to an appropriate level by providers to provide cancer diagnostic services and surveillance, but then roll out to independent work has subsequently been put on hold by provider organisations following the British Medical Association guidance and other speciality organisation guidance published this year. KC referenced the WCA PA pilot that took place a couple of years ago; overall the PAs were well received and have been picked up by Trusts. KC added will need to watch what happens on a national level.</p> <p><b>Action:</b>  <b>WCA Physician Associates report to be shared – to follow once published</b></p>	<p>KC</p>

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	<p>AM acknowledged the uniqueness of the psychological professions, who are a workforce in their own right, and shared some feedback of Wessex being highlighted as paving the way for workforce education.</p> <p>The Board gave their ongoing support to the WCA Workforce Programme.</p>	
<p><b>4.</b></p>	<p><b>Operational Performance</b> <i>Slides attached for reference</i></p> <p>SR presented the current performance data for Wessex.</p> <p>Neither system achieved the Cancer Waiting Times standards for September, however significant improvements were noted in areas of focus, e.g., urology.</p> <ul style="list-style-type: none"> <li>• 3 of 6 trusts achieved 77% or higher Faster Diagnosis Standard</li> <li>• 2 of 6 trusts achieved 96% or higher 31 day to treatment standard</li> <li>• 4 of 6 trusts achieved 70% or higher 62 day referral to treatment standard</li> </ul> <p>SR informed the Board that primary care stakeholders in Hampshire have raised concerns about communication for suspected cancer referrals, with GPs being asked to switch all their referrals through an advice and guidance pathway at very short notice. AW commented that Hampshire Hospitals are working with their local GPs on this issue.</p> <p><b>Action:</b> <b>MH and SR to speak to Trusts and ICBs re primary care communication concerns</b></p>	<p><b>MH/SR</b></p>
<p><b>5.</b></p>	<p><b>Psychological Support</b> <i>Slides attached for reference</i></p> <p>AM presented an overview of the psychological support across cancer services mapping work that was undertaken across Wessex and outlined the five recommendations to address the identified gap in services.</p> <p>MH commented the two important points for him are addressing the issues of parity of esteem between physical health and mental and emotional ill health and the inequalities of access issue.</p> <p>ES agreed with MH's comments and said psychological support needs to be pushed up the priority list. ES added the third sector are doing a lot of the work but are getting no recognition for it.</p> <p>JW suggested thinking about the cost impact to the system of not tackling psychological support.</p> <p>AW queried how the demand Whole Time Equivalent (WTE) psychological professionals' figure in the report was determined and how the benefits</p>	

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	<p>could be described in real terms. AM commented that the demand WTE was an estimate and was based on the average number of clinical contacts seen, and the tangible benefits would be determined by the recommended system task and finish groups.</p> <p>PJ commented that the task and finish groups have to demonstrate that moving resources from one part of the system is a more cost effective way of looking after these patients. AM acknowledged PJ’s comments and reiterated the function of the task and finish groups is to develop something tangible and not just acknowledge the gap.</p> <p>RRp queried whether there was any data around good psychological care contributing to cancer survival.</p> <p>The Board supported the formation of system task and finish groups and gave approval for AM to approach the two ICBs in relation to this.</p> <p>It was agreed the task and finish groups would be established by the end of the financial year.</p> <p>SS suggested it might be something to collectively prioritise to go in our joint plan to support our joint strategy and take forward from 2025/26.</p> <p>AW suggested inviting ICB finance colleagues to be part of the task and finish groups.</p>	
<p><b><u>6.</u></b></p>	<p><b>Any other business</b></p> <p><b>Action:</b>  <b>Involving People report to be discussed at next WCA Board meeting</b></p>	<p><b>ES</b></p>

**Next meeting: Wednesday 12<sup>th</sup> March 2025, 9.30am – 12.00pm**