



Wessex Cancer Alliance Board Meeting
Wednesday 12th March 2025, 9.30am to 12.00pm
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
- DF David French, Executive Chair, Wessex Cancer Alliance
- ES Eileen Stonock, Chair of Wessex Cancer Alliance Involvement Steering Group
- JW Jane Winter, Nursing/AHP 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, Director of Acute Care, 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
- 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
- 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

- RF Rebecca Furlong, Head of Cancer and Diagnostics, NHS England (South East) attended on behalf of Christopher Tibbs
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance
- 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

- CT Christopher Tibbs, Acting Medical Director, South East Region
- EL Emma Leatherbarrow, Equality and Involvement Lead, Wessex Cancer Alliance
- JH Jane Horne, Consultant in Public Health, Public Health Dorset
- SB Simon Bryant, Director of Public Health, Hampshire and Isle of Wight Councils
- SS Sue Sutton, Deputy Chief Operating Officer, NHS Dorset

Item	Subject	Action
<u>1.</u>	<p>Welcome and introductions</p> <p>MH opened the meeting. Introductions were made.</p> <p><u>Minutes and matters arising</u></p>	

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	<p>The minutes from the meeting held on 10th December 2024 were agreed as an accurate record.</p> <p><u>Update on actions from last meeting</u></p> <p>The following updates were provided on actions not covered under the main agenda:</p> <p><u>Workforce - Physician Associates</u></p> <p>The Government has commissioned a national review of the role of Physician Associates and Anaesthetic Associates – consultation is ongoing and further clarity around the future of these roles is expected. The work around Physician Associates in Wessex demonstrates benefit across a number of cancer pathways, both in diagnostics and treatment.</p> <p><u>Performance – Primary Care communication</u></p> <p>MH and SR spoke to the Medical Director of Hampshire Hospitals and representatives of the Wessex Local Medical Committees regarding the concerns raised from primary care about communication for suspected cancer referrals. There has been a detailed review of process, and all partners are satisfied with the outcomes. AW thanked MH and SR for their help.</p> <p><u>Update from PPIE Group Chair</u></p> <p>ES gave an update on the Wessex Cancer Alliance Patient and Public Involvement (PPIE) Steering Group.</p> <p>SR thanked ES and the other members of the PPIE group and emphasised their input has absolutely shaped the new Wessex Cancer Strategy.</p> <p>AW commented that she loves the one-page summary and highlighted the quote from one of the members around purpose.</p> <p>MH queried whether the group has links to provider and ICB PPI groups – ES said links are in place and developing continuously.</p> <p>All other actions closed.</p>	
<p><u>2.</u></p>	<p><u>Operational Performance</u></p> <p><i>Slides attached for reference</i></p> <p>SR presented the current performance data for Wessex.</p> <p>Both systems and all providers, other than the Isle of Wight, are on track to achieve the national ask for Cancer Waiting Times by the end of March.</p> <p>The Isle of Wight is engaged in Tiering support and positive partnership with Portsmouth, and there is agreement for a recovery plan to support 62-day recovery and sustainable services in future.</p>	

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	<p>SR highlighted the current pressures in Portsmouth - the WCA recommendation is for PHU oncology to be added to wider risk register.</p> <p>RS raised oncology capacity in Portsmouth and asked how that was going to be dealt with. SR said there is a focus on Systemic Anti-Cancer Therapy (SACT), acute oncology and radiotherapy - WCA deep dive work around these three areas so can understand the current situation and what is needed. RS asked how it compares to the national picture – are other Alliances experiencing the same issues? MH said yes and referenced Sussex who are currently struggling to deliver radiotherapy services – this may mean seeking mutual aid from nearby providers which may impact on radiotherapy waiting times – important consideration around clinical risk.</p> <p>There was a discussion about the need to look long term around workforce. RR said he has heard anecdotally that there is a real long-term problem on the horizon because recruitment to oncology at a training level is really challenged – last year a significant number of posts nationally for ST3 consultant training went unfilled – need to make sure we have that long term view of how we use the non-medical workforce and upskill the non-medical workforce to undertake some of those roles 5- 10 years from now. LA commented on the need for a longer workforce plan.</p> <p>JW informed the Board that rollout of the national consultant development work has been paused. The Alliance want to support a consultant development piece across Wessex and have the national funding to do that from the Aspirant Cancer Career and Education Development programme (ACCEND) piece of work, so are currently pulling together a plan. Therapy radiography is at the forefront of this.</p> <p>Action: TC to link WCA with NHS England colleagues in workforce supply</p>	<p>TC</p>
<p>3.</p>	<p>Planning review <i>Slides attached for reference</i></p> <p>RC summarised the contents of the revised national planning pack for 2025/26 that was published on the 10th March.</p> <p>RC gave an overview of the WCA budget for 2025/26. Key points include:</p> <ul style="list-style-type: none"> • Place based funding has been significantly reduced - by nearly 29% • Resources prioritised for operational performance and early detection to align with planning pack focus areas • Lung Cancer Screening (LCS) has been allocated £8.1m – the ask for 2025/26 is £12m • WCA staffing is to be reviewed during the year <p>AW commented that the reduction in LCS funding is disappointing and asked whether the specifics have gone out to providers yet. RC said providers have</p>	

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	<p>been informed that activity will be reduced, and the specifics will be sent out this week. MH said the LCS budget reduction is regrettable.</p> <p>PJ acknowledged the challenging situation and the hard choices that have to be made and queried whether there is an ambition target for reducing WCA running costs. SR – have tried to look hard at economics e.g. workforce programme the staff are able to secure significant investment for the system, without whom less external funding would be directed to Dorset and HIOW. Funding for Alliances was confirmed last week. Scrutiny by Regions is an appropriate next step. PJ emphasised that organisations have been given a number of what they have to reduce by and said WCA has to demonstrate they are not exempt from this scrutiny.</p> <p>PJ requested clarity if there is any intent for transfer of BAU into ICB commissioned services. SR confirmed this is raised through weekly ICB check in meetings and also highlighted as part of the monthly written reports presented to each system.</p> <p>DF commented that the context nationally is that the NHS is in a state of flux with a huge deficit – can foresee budget reduction getting worse and suggested should look at what we would do if this does happen. MH said the Alliance will look at this internally when developing plans for next year.</p> <p>SR informed the Board that the WCA has partnered with four other cancer alliances, who are seen as high performing alliances, to seek opportunities for generating income – how can attract support from partner organisations e.g. industry.</p> <p>Actions: SR will update at next meeting on opportunities for external funding LD asked for a joint ICB discussion around the budgets. RC/SR to support this</p>	<p>SR RC/LD</p>
<p>4.</p>	<p>Evaluation – primary care work programme 24/25 <i>Slides attached for reference</i></p> <p>RRp presented an overview of the 2024/25 WCA primary care work programme.</p> <p>MH thanked RRp and KA on behalf of the Alliance for the great work they have led.</p> <p>ES asked if this could be presented to the PPIE Steering Group, RRp confirmed it could.</p> <p>Action: ES/RRp to arrange presentation to PPIE Steering Group</p>	<p>ES/RRp</p>

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	<p>ES also asked how much the communities that are being served are involved in the work. RRp said each practice will have its Patient Participation Group and there is also wide engagement with the public e.g. through community sessions.</p> <p>KA commented that engagement and education can be quite difficult to measure and gave two examples of work with measurable outcomes:</p> <ul style="list-style-type: none"> - increase of FIT test use with lower GI referrals - up from 40% to nearly 80% - patients are managed in primary care if FIT is negative - unscheduled bleeding on HRT pathway - over 400 patients have avoided a fast-track pathway referral in UHD. <p>KA also highlighted the importance of engaging with primary care and referenced the dermatology pathway in Dorset as an example of where things could have been different had primary care been fully engaged with during the set up.</p> <p>LA asked if there is anything to improve around the relationship with ICBs. KA said her post is joint ICB and WCA - tensions between what both organisations want. RRp agreed with KA – collaborative working has improved but is a work in progress – opportunity for more engagement and collaboration. LA said it was an open offer to think about how things could be improved. SR commented where we put our resource and how much resource we put in needs to be looked at in context of LA challenge around using the existing ICB teams as well or better.</p> <p>Action: MH to lead review of primary care delivery plan for Wessex Cancer Strategy</p> <p>PJ commented that the key here is how much the work through the WCA is being embedded into what’s happening in the ICBs – need to make sure WCA and ICB priorities are aligned and look at the way the WCA GPs work with the ICB clinical leads.</p> <p>Action: MH to ensure primary care team further develop ICB primary care relationships to ensure effective ways of working</p>	<p>MH</p> <p>MH</p>
<p><u>5.</u></p>	<p>Clinical Strategy – for final approval</p> <p>SR informed the Board that there is a high level of interest from the national team about the Wessex Cancer Strategy. The strategy has been revised following conversations with commissioning colleagues - SR thanked the Dorset team and Dan Parr in Hampshire for their input.</p> <p>SR asked Board members if there are any areas that need amending, or if they are happy for the current version to be published.</p>	

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	<p>LD flagged that there were some specific schemes mentioned e.g. Right By You that haven't had funding streams agreed.</p> <p>Action: SR to edit strategy prior to publication</p> <p>PJ commented that the general direction is well articulated and thanked MH and SR for the partnership working around the commissioning element.</p> <p>RS queried what is involved in the Very Brief Advice training. SR said Local Authority colleagues are keen to use WCA connectivity but how this is done is still a work in progress.</p> <p>The Board gave approval for publication of the strategy.</p> <p>Next steps - once the strategy has been through health literacy, it will be published on the WCA website. A physical document will also be produced.</p>	<p>SR</p>
<p><u>6.</u></p>	<p>Any other business</p> <p>RR queried if the interim planning support pack has been shared with Trust cancer leads. SR said that the pack was shared with Board members to give insight into the framework against which the WCA are held accountable – it can be shared more widely but may not be of value for others.</p> <p>The Board agreed that the September meeting would be a face-to-face meeting.</p> <p>Action: Venue to be booked for September meeting</p>	<p>SM</p>

Next meeting: Tuesday 10th June 2025, 9.30am – 12.00pm