

Cancer Alliance Programme Board

Minutes of the meeting held on Monday 11th March 2019

In attendance	Role	Initial
Ann Marr	SRO (Chair)	AM
Chris Warburton	Medical Director	CW
Linda Devereux	Programme Director	LD
Debbie Harvey	Workstream Lead, Earlier Diagnosis	DH
Liz Bishop	CEO, CCC	LB
Melanie Zeiderman	Deputy Programme Director	MZ
Stephen Fenwick	NM LDS Clinical Lead	SF
Sinead Clarke	Cheshire & Wirral LDS Clinical Lead	SC
Ray Murphy	User Representative	RM
Sandra Davies	Workstream Lead, Prevention & Public Health	SD
Paul Mansour	Lead Clinician, Mid Mersey Cancer Group	PM
Tony Murphy	User Representative	TM
Suzanne Fennah	Service Specialist, Specialised Commissioning, NHS England	SuF
Fiona Taylor	NM LDS Executive Lead	FT
In attendance		
Terry Whalley	HCP Programme Director	TW
Alexi Shenton	C&M Imaging Programme Manager	AS
Sarah Griffiths	Project Manager	SG
Anna Murray	Senior Project Manager	AMu
Secretariat		
Debbie Moores	Admin & Project Support Officer	
Apologies	Role	
Mark Greatrex	Finance Lead	
Terry Jones	North West Coast Clinical Research Network	
Mark Lipton	Cheshire & Wirral Exec LDS Lead	
Sheena Khanduri	Workstream Lead, HQMS	
Andrew Crawshaw	Director of Assurance & Delivery, NHS England	
Sue Redfern	Workstream Lead, Patient Experience	

103/19. Welcome, Introduction and Apologies

AM welcomed all to the meeting. Introductions were made and apologies noted.

104/19. Declaration of Interests

No declarations of interest were received.

105/19. Minutes of the Meeting held on 11th December 2018

The minutes of the last meeting were agreed as a correct record.

106/19. Matters Arising

Board Membership

The Board is keen to work closely with the third sector and ensure engagement with charitable organisations at all levels; however it was acknowledged that it is not possible to have all local and national charities present. It was agreed that CMCA would continue to work with specific charities and footprints on a case by case basis, through delivery groups and at Board level on particular issues where shared working would be of benefit.

107/19. Cancer Alliance Development & Planning



Item 107_19 - CMCA
Development Program

LD gave the above presentation outlining the planning guidance priorities for cancer and funding approach for 2019/20.

To note:

- National priorities for transformation funding are; sustainable operational performance, screening & early diagnosis and personalised care. Prevention initiatives are not included in the national funding criteria
- The allocation is based on CCG population to deliver planning guidance priorities. Additional funding has been allocated for the Targeted Lung Health Check Programme in Knowsley and Halton
- Funding will not be dependent on performance against the 62 day standard
- Governance and reporting arrangements for East and Mid Cheshire health economies need to be clarified due to current patient flows which mean that different solutions are being developed locally (eg IT to support remote surveillance). LD will arrange a meeting with GM Cancer Alliance and Trusts
- A national Innovation Fund is being established and will be launched in Spring 2019
- Core team costs are 8% of the allocation (guidance suggests this should not exceed 10%)

LD tabled the Draft Cancer Alliance Delivery Plan for 2019/20 which has been informed by submissions from stakeholders following the call for proposals in November 2018. NHS England have stipulated that 15% of the allocation is ring fenced for Rapid Diagnostic Centres. Funding for pathology and imaging will be determined as further guidance becomes available for RDCs.

RM asked about the Lynch Syndrome pilot which had been undertaken in RLUH/UHA. CW noted that a response from the pilot is awaited.

LD noted that a number of proposals were received concerning acute oncology and urgent care, with the majority being for additional AO nurses. Other proposals included scoping a cancer helpline and triage service linked to 111. Discussion took place regarding the draft AO strategy, how to take forward specific recommendations across the system and consider how proposals fit with this. CW confirmed that these do not meet criteria for transformation funding however there is clear alignment with priorities in the long term plan and admission avoidance. CMCA is keen to work with commissioners and providers to understand how the AO strategy could be supported.

The Board approved the draft delivery plan.

Actions:

LD to share details of the Innovation Fund to CM stakeholders when available

LD/MZ to meet East and Mid Cheshire & GM Cancer Alliance to discuss governance/reporting

108/19. Cancer Waiting Times Performance & Cancer Delivery Group Update

LD updated in AC absence. To note:

- Significant reduction in performance at RLUH & UHA
- CCC performance reflects current breach allocation and does not take account of impact of late

referrals

- LWH should be back on track in next 3 months
- Most challenged pathways are urology, lower GI, upper GI and Gynaecology

The tumour sites and organisations that are having issues are known and a meeting is taking place with provider and commissioner representation to consider further system wide actions, eg breach analysis for challenged pathways.

LB commented that root cause analysis of breaches will be undertaken at CCC. SC felt there were issues around the appropriateness of referrals and DH referred to the primary care education project which will support improved referral practice, initially focussing on a review of existing education provision to then inform a future strategy.

It was agreed that LB, AC and LD would meet to discuss future performance oversight and role of the Cancer Delivery Group.

Action: Meeting with AC, LB and LD to be arranged

109/19. National Lung Health Checks Programme

CW provided an outline of the national Targeted Lung Health Checks Programme to be rolled out to 14 CCGs including Knowsley and Halton. People between the ages of 55-75 who have ever smoked will be invited to have a lung health check including spirometry and CT scan. The programme is funded to 2022/23.

All Cancer Alliances and CCGs participating in this first phase of the extension of targeted lung health checks will be required to comply with the following requirements:

- Establish local population wide services in line with the National Standard Protocol.
- Agree the local delivery model and procure the necessary capacity and services.
- Participate in national training and the quality assurance programme.
- Report management information and take part in the national coordinated evaluation.

The funding will be provided to the Cheshire and Merseyside Cancer Alliance which will be formally accountable for the delivery of the project through its funding agreement with the National Cancer Team. Progress will be monitored on delivery of plans through the quarterly assurance process.

An initial meeting has been held between CMCA, CCGs and Clinical Leads. A Programme Manager will be appointed and a Steering Group and Operational Group established. Members of the Healthy Lung team in Liverpool are involved to ensure the new programme benefits from their experience.

SF raised concern regarding the age limit. CW commented that this was based on international data on quality adjusted life years gained. It was noted that there will be links with CURE project and smoking cessation teams, Public Health and Champs Team (for MECC).

It was noted that other conditions will be diagnosed and CW advised that this will mostly be COPD based on experience of existing pilots.

Action: CCGs to provide an update for the next Board meeting

110/19. Vague Symptoms Project Update



PRESENTATION - VS
Cancer Alliance Board

AM/SG gave an update on the achievements of the project to date. A Cheshire and Merseyside service is in place offering rapid diagnostics to those with symptoms suspicious of cancer but who do not fit criteria for a 2WW referral. Key principles, referral and investigation criteria have been agreed and 4 CNSs and support

workers appointed across CM.

CMCA is in the process of developing handover document to Trusts and Commissioners and data is submitted monthly to enable evaluation at the end of the project.

Discussion took place around the relatively small number of referrals; approximately 2-4 per week. The group felt that consideration should be given to the cost effectiveness of the pilot due to the small numbers however it was noted that the service has only partially been rolled out to GP practices and there may be issues with access to diagnostics. Increasing activity will be a priority for the next 12 months. SG reported that 35 cancers have been diagnosed so far with a 13% conversion rate. SG envisaged an increase in referrals once this is added to primary care systems for advice and guidance.

FT asked whether this is reflective of the national picture. It was agreed that further interrogation of the data is required including staging, previous cancer diagnosis, whether the cancer was symptomatic or an incidental finding of the vague symptom, follow-up of a non-cancer diagnosis and primary care input. This additional information may help with prioritisation and where resources and funding go in future.

Action: Vague Symptoms Steering Group to produce evaluation criteria/report

111/19. Imaging Network Update

TW referred to the HCP Imaging Network update paper and advised that a governance structure is now in place through the Executive Oversight Group and Transitional Management Team chaired by Steve Warburton and David White respectively. Alexi Shenton was introduced as Programme Manager.

HCP funding has been secured for diagnostic programmes (£2m) in view of the priority given across the system. Demand and capacity modelling is a priority. TW advised that interventional radiology and interventional oncology will be part of the work stream going forward. It was noted that HR support is required to enable flexible working and a networked service across CM.

LD noted that optimal pathways are clear about turnaround times and we need to baseline the current position. AS stated that this will be completed by the end of the month.

LB stressed the importance of maintaining skills for specialist reporting rather than outsourcing. It was agreed that an update on the programme would be provided at a future meeting.

Action: TW to provide an imaging update at the September Board meeting

112/19. Programme Governance – highlight report

LD provided a summary of progress in Q3:

- Successful bid to HCP for transformation funding (£500k) to further develop the Endoscopy Programme and to implement FIT for symptomatic patients
- User involvement event held on 1st March. This was well attended with over 20 people signed up
- RLUH have now drawn down the capital for digital pathology (£1.4m)
- All Trusts achieving straight to test for colorectal
- Straight to CT in place for lung cancer across C&M
- Delivery plans drafted and indicative revenue allocated for the 19/20 transformation programme
- Performance scorecard shows Imaging project at amber. Currently not able to meet the turnaround times required by optimal pathways. Need to deliver the milestones in Imaging Plan for Q2
- All LWBC milestones have been achieved. MZ noted that there are new definitions for remote surveillance systems which means that this won't be achieved in Q4
- There has been a performance dip for 62 day cancer waiting time standard in Q3 to 80%; the increase in referrals in Oct/Nov is impacting on January performance figures and backlog
- Now reporting against new breach guidance; inter-provider referral data is not complete and impacting on tertiary trust reported performance

RM asked about the age range limit for FIT testing for symptomatic and whether this was likely to be extended to non-symptomatic; noted that the screening programme is being rolled out. DH noted that the end to end testing of pathway has been delayed for now. SF stated that the screening threshold is to be set and will be governed by capacity of endoscopy.

113/19. Radiotherapy Service Specification

CW referred to the publication of Service Specifications for Radiotherapy and the requirement to establish an Operational Delivery Networks (ODN). The North West ODN will comprise CCC, Christie and Lancashire Teaching Hospital. Agreement has been reached between Trusts and the Cancer Alliances that Christie will host the ODN and Liz Bishop will Chair the Network Oversight Group. The chair will rotate every three years. An MOU and work programme will be developed. The ODN needs to be in place by April with a work programme in place by June.

Action: ODN Work Programme to be presented to a future Board meeting

114/19. Any Other Business

PM asked where an issue which had been raised at Urology CQG should be escalated to. CW advised that CQG issues should be escalated to him in the first instance.

CW thanked AM for her leadership as SRO over the last 12 months and continuing commitment to cancer services.

Date of future meetings

Wednesday 19th June, 2.00pm – 4.30pm, Meeting Room 6, JKD Building, Clatterbridge Cancer Centre

Friday 27th September, 2.00pm – 4.30pm, Boardroom, 5th Floor, Blue Zone, Whiston Hospital

Tuesday 10th December, 2.00pm – 4.30pm, Meeting Room 6, JKD Building, Clatterbridge Cancer Centre