

Cancer Alliance Programme Board

Minutes of the meeting held on Tuesday 11th December 2018

In attendance	Role	Initial
Chris Warburton	Medical Director (Chair)	CW
Linda Devereux	Programme Director	LD
Debbie Harvey	Workstream Lead, Earlier Diagnosis	DH
Liz Bishop	CEO, CCC	LB
Andrew Crawshaw	Director of Assurance & Delivery, NHS England	AC
Mark Greatrex	Finance Lead	MG
David McKinlay	Programme Manager	DMc
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
Mark Lipton	Cheshire & Wirral Exec LDS Lead	ML
Sheena Khanduri	Workstream Lead, HQMS	SK
In attendance		
Hayley Mercer	Screening & Immunisation Lead, Public Health / NHS England	HM
Julie Kelly	Head of Public Health, NHS England	JK
Anna Donaldson	Specialty Registrar Public Health England	AD
Anna Murray	Senior Project Manager	AM
Secretariat		
Debbie Moores	Admin & Project Support Officer	
Apologies	Role	
Terry Jones	North West Coast Clinical Research Network	
Suzanne Fennah	Service Specialist, Specialised Commissioning, NHS England	
Fiona Taylor	NM LDS Executive Lead	
Ann Marr	SRO	
Sue Redfern	Workstream Lead, Patient Experience	
Melanie Zeiderman	Deputy Programme Director	

090/18. Welcome, Introduction and Apologies

CW chaired the meeting as Ann Marr was attending the Healthcare Partnership Programme Review Group. Introductions were made and apologies noted. CW introduced Liz Bishop who will be taking over as SRO for Cancer/Alliance Lead from April 2019 and will therefore be chairing the meetings thereafter.

091/18. Declaration of Interests

Action: Debbie Moores to chase outstanding Declaration of Interest Form.

092/18. Minutes of the Meeting held on 28th September 2018

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

093/18. Matters Arising

From Action Log:

Endoscopy – a plan to improve gastroscopy referral from primary care is being developed and will be a workstream in the upper GI project. An audit of DNA approaches across C&M is underway to identify good practice.

Imaging - Deferred to next meeting. It was agreed to share the paper prepared by Terry Whalley, Programme Director, diagnostics.

Board membership – There has been a direct request from Macmillan to be a member of the Board. There was broad support to this and the Board felt that it would be preferable if they could represent other third sector organisations although it was acknowledged that this would be difficult to achieve. LD and DMc would discuss with Macmillan.

Actions: LD and DMc to discuss representation with Macmillan.

a. Cancer Programme Oversight Group

The group has met and will provide oversight of programme delivery as well as clinical quality metrics for cancer. Risks and issues will be reported by exception to the Board. Membership includes representation from existing 'locality' groups; North Mersey, Mid Mersey, Cheshire & Wirral and Cheshire CCGs.

b. National Lung Health Checks Pilot

A formal announcement is expected shortly regarding the targeted lung health check pilot. This will entail an invitation to all 55 to 79 year olds who have ever smoked, with those identified at high risk offered a low radiation dose CT scan. 10 CCG areas will be involved (2 in C&M) and additional funding will be made available to 20/21. The group noted concerns around reporting capacity and impact on specialist surgery, respiratory medicine and primary care nurses. The potential impact would need to be modelled. ML noted that there may be benefits as fewer patients present to A&E.

c. Finance

LD confirmed that the Cancer Alliance had suffered a penalty of 15% against its revenue and capital allocation in Q3/4 due to 62 day performance. The Board had previously agreed that any loss should be applied to digital pathology to avoid slippage in other schemes. As NHS England agreed that the additional allocation through the national support fund could be used to offset the loss, it was agreed that full capital would be requested for digital pathology. The Cancer Alliance has submitted a prioritisation form on this basis which has been agreed by NHSE. The capital award of £1.4m has been confirmed which will be hosted at RLBUHT.

094/18. CPES 2017 Cancer Alliance publication – Cheshire and Merseyside



Presentation -
NCPES CMCA 2017.ppt

LD gave a summary of the National Cancer Patient Experience Survey 2017 for C&M.

The following was highlighted:

- Scores have been adjusted to reflect acuity based on case mix
- Our response rate (55%) is lower than national average (63%)
- Inequalities by tumour group have been noted
- The survey only includes inpatients therefore outpatients and patients attending newly developed virtual clinics will not be included
- Trust Action Plans are being developed. Lead Nurses will be taking this forward
- Good practice was noted eg LHCH develop action plans in response to priorities identified by the trust

patient group.

The group noted that in general, the findings are positive. There was discussion around the difficulty of interpreting the results as the questions are not always entirely clear and can be open to interpretation. The group questioned how to interrogate the results in order to get information to fundamentally change services. RM noted that free text boxes contain important information.

SF noted that the research figures were very disappointing. This is one of the aims of the Board and we must push this issue forward. SK confirmed that it is part of CCC strategy and that bespoke solutions are being worked on with individual Trusts.

DH explained that there are issues with reading ages and level of understanding which are linked to areas of deprivation. LD advised that Victoria Breglia, Macmillan User Involvement Manager, will be invited to a future meeting to provide an update on the C&M user involvement strategy.

LB asked that as a minimum we aim to increase response rates next year and consider how to engage hard to reach groups.

Action: Victoria Breglia to be invited to a future Board meeting.

095/18. Call for Proposals - 19/20 – 20/21

The criteria and process for submitting proposals for cancer transformation funding is awaited. The Cancer Alliance has requested local proposals from Trusts, CCGs and system wide groups to ensure good engagement and a robust case once a formal announcement is made. 85 proposals have been received in addition to those generated at the recent Early Diagnosis event. These will be collated into main themes.

096/18. Screening Update

Hayley Mercer provided an overview of the screening programmes in breast, bowel and cervical. This included screening coverage, links to deprivation and mortality figures. Discussion took place regarding targeted population cancer screening and symptom awareness.

It was noted that bowel cancer screening should be considered a priority for Cheshire & Merseyside. Each GP practice should be achieving 60%; there is a variation in GP Practices across each CCG. SC noted that GP practices don't have a role in bowel screening.

Discussion took place regarding a more targeted approach for cervical screening. There is a national cervical campaign taking place in April 2019. The impact of HPV needs to be assessed.

CW raised a query about the screening targets, the basis on which these were set and whether the impact on clinical outcomes reduces after a certain point.

SC felt that there should be focus on local populations where there are greater health inequalities, with plans developed according to population need. HM stated that locality plans are at various stages and in the process of being signed off.

The C&M Prevention Group is meeting on 13th to consider proposals for 19/20 and 20/21. It was noted that there should also be focus on high risk patients with a positive test who do not attend for subsequent tests.

097/18. Pathways Update



Pathway
Presentation.pptx

DMc and AM gave updates on the lung and colorectal optimal pathways programme. This included focus on the role of early diagnosis support worker role.

The following was highlighted:

- The programme is in its final phase of implementation
- Handover will take place December – February. This includes engagement of Trust teams and CCGs regarding development of pathway service specifications and validation of the trust implementation tracker
- Projects close end March 2019 and further support will be by exception
- The programme has expanded to include prostate and OG
- The value and cost benefits of ED Support Worker roles have been demonstrated

CW asked how the Alliance monitors handover; AM confirmed this will be done using the baseline tracker.

LB asked whether there is a good mechanism for positive feedback to Trusts and it was noted that each pathway has a delivery group with representation from each Trust. Commissioners were asked whether there are any metrics that could be provided that would be useful when the pathways are being commissioned locally.

LD will write to Trust CEOs and CCG AOs with details of implementation and plans for handover.

SK asked whether there will be any impact of reduced MDT numbers. CW advised that it won't have changed the time in job plans as yet.

Action: LD to write to Trusts and CCGs with details of implementation and plans for handover.

098/18. Cancer Waiting Times Performance & Cancer Delivery Group Update

AC talked through the Assurance Pack which had been distributed with the meeting papers.

To note:

- C&M 62 day performance for Q2 was 81.3% and 82.7% for September.
- £715k was allocated across Cheshire & Merseyside for improvement on 62 day performance; mainly on diagnostics given demand for MR and gastroscopy. It is anticipated that additional money will be made available later in the year and existing proposals will be reviewed at that time
- Noted that there are issues with MRI scanning and robotic capacity at WUTH and RLBUHT
- 104+ Workshop – discussion ongoing around use of root cause analysis
- Liverpool Clinical Laboratory issues. Terry Whalley is working with LCL colleagues to support best practice and to enhance current action plans and processes

AC outlined September performance at Cheshire and Merseyside level and by provider. CW felt it was important to identify performance by tumour sites/trust so that those areas can be targeted. It was noted that new breach allocation guidance would change some provider performance however the aggregate position would remain the same. RM expressed concern that patients were choosing to delay their appointments.

LD suggested that Trusts should be asked to identify where greatest impact would be made (eg outpatients rather than diagnostics) should further funding become available.

099/18. MDT Optimisation Project Progress Report

SF provided an update on the work undertaken by the MDT Optimisation Project Group through the MDT Steering Group. A set of principles for MDT working and a baseline assessment tool have been developed.

The group are also participating in a national pilot to develop a standards of care tool designed to enable teams to differentiate between patients requiring full discussion and those who do not as they conform to a pre-determined set of criteria. A pilot is underway at S&O in urology.

Discussion took place regarding the role of MDT Leads. The role has a time commitment and governance responsibility but is largely unrecognised in job plans. The group has identified a need for role specification and provision of training. The support of Trust Chief Executives will be sought. The project team are working on designing and procuring a training package with potential to extend this to the role of MDT Co-

ordinators. LB supported this and asked that consideration should be given to an apprenticeship levy in the next round. LB felt that the criteria of a good MDT should include research trial discussion.

100/18. Programme Highlight Report

LD referred to the quarterly highlight report:

- Notable increase in referral and treatment volumes, particularly in colorectal, skin and breast.
- Head and Neck optimal pathway project being hosted by Aintree
- Submission made for project management posts to support implementation of cancer workforce plan. **Post meeting note:** these posts have subsequently been approved by the Local Workforce Advisory Board.
- CURE project, hosted by Royal Liverpool, has been initiated
- Projects at amber status are:
 - o Colorectal (implementation not fully complete)
 - o Imaging (turnaround time issues)
 - o Digital Pathology – although the risk to funding has been removed, there are issues regarding image sharing which are being mitigated through discussion between potential suppliers.

101/18. Data Dashboard

CW outlined key messages from the data dashboard. It was noted that the emergency presentation data is incorrectly coloured. CWT data for Walton Neuro and Alder Hey have been amended.

102/18. Any Other Business

CW reported on the manufacturing issue affecting delivery of PET CT services by Alliance Medical. The impact upon patient pathways is being monitored regionally. Clatterbridge have put mitigation in place and have asked Alliance for oversight of that. SK will seek updates from the Medical Director of Alliance Medical and CW will liaise with the Regional Specialised Commissioning Clinical Lead to understand the impact.

Date of future meetings

Monday 11th March, 2.00pm – 4.30pm, venue tbc
Wednesday 19th June, 2.00pm – 4.30pm, venue tbc
Friday 27th September, 2.00pm – 4.30pm, venue tbc
Tuesday 10th December, 2.00pm – 4.30pm, venue tbc