Cheshire & Merseyside Cancer Alliance

Cheshire and Merseyside Cancer Alliance Programme Board

Minutes of the meeting held on Friday 15th December 2017

In attendance	Role	Initial
Andrew Cannell	Alliance Lead / Chair	**AC**
Chris Warburton	Medical Director/Deputy SRO	**CW**
Linda Devereux	Senior Programme Manager	**LD**
Debbie Harvey	Workstream Lead, Earlier Diagnosis	**DH**
Melanie Zeiderman	Macmillan Programme lead, Living With & Beyond Cancer	**MZ**
Ray Murphy	Patient Representative	**RM**
Dave McKinlay	Early Diagnosis Programme Manager	**DMc**
Ann Marr	Mid Mersey LDS Exec Lead	**AM**
Mark Greatrex	Finance Lead	**MG**
Sheena Khanduri	High Quality Modern Services Workstream Lead	**SK**
Sarah Johnson-Griffiths	Public Health Consultant	**SJG**
Tony Murphy	Patient Representative	**TM**
Stephen Fenwick	NM LDS Clinical Lead	**SF**
Terry Jones	North West Coast Clinical Research Network	**TJ**
Paul Mansour	Mid Mersey LDS Clinical Lead	**PM**
Sinead Clarke	Cheshire & Wirral LDS Clinical Lead	**SC**
Fiona Taylor	NM LDS Exec Lead	**FT**
Kate Warriner	Programme Director, Digital Lead, STP	**KW**
Jim Anson	Medical Director, Liverpool Clinical Laboratories	**JA**

Secretariat	
Debbie Moores	Admin & Project Support Officer

Apologies	Role
Janet Snoddon	Workstream Lead, Living With & Beyond Cancer
Andrew Bibby	NHS England Specialised Commissioning
Sandra Davies	Workstream Lead, Prevention & Public Health
Mark Lipton	Cheshire & Wirral Exec LDS Lead
Sue Redfern	Workstream Lead Patient Experience

040/17. Welcome, Introduction and Apologies
AC welcomed all to the meeting, introductions were made and apologies noted.

041/17. Minutes of the Meeting held on 19th September 2017
The minutes of the last meeting were agreed as a correct record.

042/17. Matters Arising

Action Log
All items covered on the agenda.

Lynch Syndrome

Lynch Testing summary.pdf

CW tabled a paper regarding lynch syndrome testing which is recommended under NICE Guidance in all patients diagnosed with colorectal cancer. The indicative estimated cost of histopathology testing in Cheshire and Merseyside is approximately £300k. There is no identified additional funding for this process. Discussion took place regarding when informed consent to testing is sought, availability of trained staff to provide counselling, the role of the Clinical Genetics Service, potential delays which may occur in the process and wider cost implications of surveillance. JA agreed to discuss issues with his colleagues and will feedback to CW. It was agreed to ask the Colorectal CNG to consider how to take forward a pathway.

Actions:

1. **JA to discuss Lynch Syndrome Testing with his colleagues and feedback to CW**
2. **CW to ask Colorectal CNG to develop a pathway for lynch syndrome testing.**

High Quality Modern Services Workstream Lead

Sheena Khanduri was introduced as the new Medical Director of CCC and the High Quality Modern Services Workstream Lead on the Programme Board.

043/17. STP Digital Programme

STP / LDS

AC reported that Cheshire & Merseyside STP is currently being restructured into the Cheshire and Merseyside Health and Care Partnership. New governance has been agreed and as SRO for cancer, AC will attend the System Management Board in rotation with other SROs which will improve reporting. There is a renewed focus on a place based approach however it has been left to local systems to manage this. The challenge for this Programme Board is that our work is predicated on existing LDS structures. AC acknowledged that each LDS is at a different stage of development and the group agreed to wait until the architecture of each LDS is clear before reviewing composition of the Board and local structures.

Mid Mersey LDS are working through some of these issues including place base approaches and impact where catchment areas overlap. The LDS Board is still functioning as the meetings were deemed to be useful however it does not have executive authority.

Cheshire & Wirral no longer work within an LDS structure and has regrouped under local authority boundaries.

North Mersey have a hybrid partnership group; place based discussions are ongoing.

RM asked whether there will be any delay to delivery of the cancer programme as a result of these changes and LD confirmed that projects are representative of all partners within C&M.

STP Digital Programme Update

Cancer Alliance Board Digital Slides.pp

Kate Warriner gave a presentation on the STP Digital Programme vision and priorities. Four priorities have been agreed each with an SRO and Clinical Lead:

1. Integration and intraoperability
2. Aligning existing technology and systems
3. Capacity & Demand
4. Cyber Security

KW advised that a local digital road map will be completed in 2018. The importance of alignment with the cancer programme was recognised.

With regard to MDT video-conferencing, the proposal is to align governance into the digital programme and review arrangements in 12 months to address any concerns raised regarding future technology direction. It was agreed that upgrade plans (based on the previously agreed network specification and procurement) should proceed, with STHK as lead provider, to resolve immediate operational issues.

RM asked how issues such as MDT VC equipment updates and bandwidth will be dealt with. KW explained that this is part of the procurement. SF agreed that videoconferencing is underdeveloped and there is still a reliance on consultant time to attend MDTs. To optimise clinical time it is critical that equipment and technical support for videoconferencing is in place.

LD advised that this project is still subject to funding as NHS England has not yet received confirmation of capital allocations from the Dept of Health. Pending confirmation, NHSE requires a list of trusts and capital amount by end December as funding will be allocated directly to trusts. AM agreed to ask David Anwyl to proceed with this as he is compiling details on behalf of C&M.

With regard to digital pathology, it was noted that there are significant capacity issues across the system for histopathology. The digital pathology solution will not increase capacity but it will enable more effective networking with movement of digital slides between laboratories, create efficiency and enable sharing of expertise and training. A digital pathology group has been established and clinical model drafted. The project is to be delivered in 2018/19 in line with the C&M milestone plan.

LD advised that there may be opportunities to work with other Cancer Alliances in the North region who are also procuring a digital pathology system.

SC asked that the STP digital programme supports hospitals without an EPR wherever possible for more effective management of emergency admissions.

JA made reference to challenges within the Liverpool Clinical Laboratories relating to workforce and histopathology turnaround times. A programme is in place to deliver improvements that maintain high quality testing and reporting whilst improving turnaround times.

JA referred to the NHS Improvement proposal to create 29 pathology networks across England. The networks will use a “hub and spoke” model, where the hub will be the lead provider and process complex and high volume tests, while the spokes will provide more routine hospital laboratory services. The Cancer Alliance has been asked to contribute to funding a programme manager to support development of the C&M pathology network and discussions are ongoing with Mel Pickup and Steve Warburton in their STP leadership capacity.

044/17. Pathways Programme Update

Head & Neck / Prostate

FT referred to the paper providing an update of progress with the above optimal pathways as part of the CCC pathways programme. CW and head & neck clinical leads are meeting local teams to discuss local implementation. Discussion took place around issues related to finance, capacity and double reporting.

CW noted that the Clinical Network Group will have a significant role relating to quality, performance and pathways in the future. SC requested that primary care is included in this group.

AM asked what action needs to be taken to improve head and neck performance. It was agreed that the project team will take this forward.
TJ noted that there are moves afoot to develop NW Head & Neck Institute which will enhance this work.

RM asked for an update on the benchmarking audits undertaken in Dec 2017. FT agreed to feed back.

Actions:

1. **Pathways project team to provide an update at the next Board meeting.**
2. **FT to provide update on Benchmarking audits, December 2017**

045/17. Proposal to align SCN to Cancer Alliance – CNG review

CW referred to the paper outlining the proposed review of CNGs which will commence in January. The review aims to establish how best to ensure engagement with clinicians, AHPs, nurses and managers to deliver the Cancer Alliance plan from April 2018 onwards. CNG Chairs, on behalf of their groups will be asked to respond to key lines of enquiry which cover outcomes, quality & safety and redesign priorities relating to demand, access and cost effectiveness.

It was noted that each CNG will have a work programme which they will be held accountable for. MZ noted that in relation to the Quality Surveillance Programme, we must be confident that we are regulating everything that we need to. A relaunch of CNGs will take place in April 2018. An update will be provided at the next meeting.

Action: CW/MZ to provide an update and proposal for the next meeting.

046/17. Financial Assurance: NCTF

Financial Risk Sharing Protocol

MG referred to the risk sharing protocol which proposes an approach to managing financial risks associated with the transformation programme should NHS England conditions not be met. It was felt that the risk is limited as C&M are in advanced position compared to other Alliances and that it was reasonable to expect the system to act as one should the protocol need to be activated.

It was agreed that option 1 in the proposal reflected the most reasonable way forward should this be the case. MG would draft a letter for AC advising Trust CEOs and Directors of Finance accordingly.

Overview of Spend

MG reported progress and agreed to provide a more detailed report via the Finance sub group at the next meeting.

Action: MG/finance sub group to provide a report for the March Board meeting.

047/17. National Cancer Patient Experience Survey – action plans

National Cancer
Patient Experience Su

MZ gave a brief presentation on the National Cancer Patient Experience Survey. She acknowledged there are a number of issues with the way the survey is conducted. SC noted that there are training and resources requirements in the community. MZ explained that the Lead Nurses have written Trust action plans and that both the Living With and Beyond Cancer Steering Group and the Patient

Experience Group will be working together to progress the action plans.

RM noted that recruitment into trials had been discussed at the National Cancer Patient Conference. He asked the group to ensure that patients are given the opportunity to enter into trials.

048/17 Programme Update

The highlight report was noted. LD reported that Steering Groups are in place for Early Diagnosis, Prevention and Living With and Beyond Cancer. No group is in place for High Quality Modern Services currently. A Project Manager has been appointed for Prevention and Public Health.

LD reported that we were compliant for 62 day performance in October. Only 2 / 6 Alliances in the North were compliant for October. However, we are likely to face challenges for the coming months due to winter pressures. Trusts were invited to submit bids for funding against a contingency fund to accelerate projects. Approximately £300k was awarded.

Health Education England's (HEE) Cancer Workforce Plan has been published and a local C&M plan is required by end of March 2018. AC and LD are meeting HEE in January to agree how this will be taken forward.

049/17 CCC Future Clinical Model

AC reported that this work is being led by Clatterbridge Programme Management Office who are currently refreshing the plans. The Cancer Alliance will be an important stakeholder in this process to ensure that proper consultation across the system takes place.

RM asked about the workforce recruitment position for Clinical Oncologists. AC confirmed that this remains a problem and that Clatterbridge are looking at creative ways to recruit including non medical oncologist roles.

050/17 62 day cancer wait standard update

62 day standard update Dec 17.pptx

Tripartite calls with providers continue to take place, led by NHS England. There are concerns regarding a small number of Trusts due to a number of issues including workforce and capacity pressures. The tripartite will meet with those Trusts individually. The Alliance is reiterating to NHS England that many of the issues are system wide and that the performance position needs to be understood as health economy wide and focussed on delivering long term sustainability.

AM asked about the conditions that have been outlined should we not meet the targets for 62 day performance. LD explained that nothing specific has been defined.

051/17 Clinical Trials & Recruitment Opportunities

TJ explained that a plan for an overarching strategy is in process and that this will be presented at the next meeting.

TJ emphasised that clinical trial recruitment should be seen as a core item of high quality clinical care. Our research profile is not good; currently we are 15/15 in terms of cancer recruitment. The reasons for this include Trusts having an institutional view rather than a Network view and the belief that trial recruitment incurs costs. It was noted that recruitment to colorectal, lung, haemato-oncology and breast require improvement. Funding will reduce if patient numbers do not improve. CW and TJ have met to discuss the issues and they are working on system leadership for cancer research.

Action: TJ will provide an update paper at the next Board meeting.

052/17 Radiotherapy Consultation

AC referred to the paper regarding NHS England's consultation on the radiotherapy clinical model.

The proposal is to develop a Radiotherapy Network, hosted by a Radiotherapy provider and chaired by a Cancer Alliance. AC raised concern that care needed to be provided as locally as possible and that the configuration of three providers in the North West remained robust. A clearer understanding of the case for change and potential benefit for patient outcomes needed to be articulated by NHS England. AM further felt an impact analysis should be undertaken for those patients who would not be prepared to travel within a broader radiotherapy network and therefore not access the service. It was agreed that the Board would respond to the consultation outlining support for the general principles of the proposal, subject to the above concerns being addressed and further that the C&M Cancer Alliance would be keen to host any network formed working closely with others.

Actions:

1. **LD / CW to draft a response**

053/17 STP / LDS Update

Discussed under 43/17

054/17 AOB

It was agreed to alternate venues for future meetings.

Date of future meetings

Monday 12th March 2018, 2.00pm – 4.30pm
Wednesday 20th June 2018, 2.00pm – 4.30pm
Friday 28th September 2018, 2.00pm – 4.30pm *(changed from 10th September)*
Tuesday 11th December 2018, 2.00pm – 4.30pm