

Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Operational Group

Wednesday 17th April 2019, 10:00-13:00

Room 6, Sandford Education Centre, Gloucestershire Hospitals NHS Foundation Trust

Keynsham Road, Cheltenham, GL53 7PX

Present:

Caren Attree	Lead Cancer Nurse Taunton and Somerset NHS FT
Carol Chapman	Lead Cancer Nurse North Bristol NHS Trust
Charlotte Kemp	MDT and Cancer Performance Manager North Bristol NHS Trust
Claire Milne	Deputy Cancer Manager Gloucestershire Hospitals NHS FT
Ed Nicolle	Cancer Manager Royal United Hospitals Bath NHS FT
Emma Newbold	Deputy Lead Cancer Nurse Weston Area Health NHS Trust
Hannah Marder	Cancer Manager University Hospitals Bristol NHS FT
Helen Dunderdale	CAG Support Manager SWAG CA CAG Support Service
James Curtis (Chair)	Cancer Manager Gloucestershire Hospitals NHS FT
James Withers	Data Liaison Manager National Cancer Registration & Analysis Service
Luke Curtis	Cancer Manager Yeovil District Hospital NHS FT
Natalie Heath	Operational Manager for Cancer Yeovil District Hospital NHS FT
Nicola Gowen	Project Manager SWAG Cancer Alliance NHS England South, South West
Patricia McLarnon	Programme Manager SWAG Cancer Alliance NHS England South, South West
Ruth Hendy	Lead Cancer Nurse University Hospitals Bristol NHS FT
Samuel Wadham-Sharpe	Assistant Director of Operations, Cancer & Emergency Planning North Bristol NHS Trust
Sian Middleton	Lead Cancer Nurse Gloucestershire Hospitals NHS FT
Tara Harris	Cancer Information Manager Salisbury NHS FT
Zena Lane	Cancer Manager Taunton & Somerset NHS FT

Apologies:

Belinda Ockrim	Lead Cancer Nurse Yeovil District NHS FT
Claire Smith	Lead Cancer Nurse Salisbury NHS FT
Deirdre Brunton	Lead Cancer Nurse Weston Area Health NHS Trust
Emma Fynn	Cancer Services Improvement Lead Somerset CCG
Jonathan Miller	South West Cancer Alliance Manager NHS England South, South West

1. Welcome and apologies

J Curtis welcomed all group members. Apologies received prior to the meeting were noted.

2. Notes and actions from the last meeting

As there were no amendments or comments following distribution of the minutes from the meeting on Wednesday 13th February 2019, the notes were accepted.

Actions:

001/19: Faster diagnosis 28 day target and clinic letter dates: The date that a clinic letter has been sent can be recorded as the date that a patient has been told the result of a test. Action closed.

002/19: A database query to help manage tracking benign patients on the patient tracking list will be shared.

002/19: Action H Marder

004/19: To contact the team that piloted collecting the data for the 28 day faster diagnostic standard in Leeds: Organisers of a recent related workshop put H Dunderdale in touch with the Project Manager in East Lancashire and practical advice on how to implement the process was obtained and shared. Information from the team in Leeds, recently sent to H Marder, will also be shared.

004/19: Action H Marder

007/19: To escalate the risk associated with increased resources required to track benign patients: This has been added to Trust risk registers in Gloucestershire and Yeovil. While a risk to patient safety is considered to be very low, it is considered to constitute a moderate reputational risk. An update from COG will be given at the next Cancer Alliance Board Meeting.

Cancer Managers are to exchange information on PTL data to assess how the new CWT target has affected numbers.

013/19: Action Cancer Managers

A solution is needed for downloading and clearing the benign workload from the cancer workload on the Somerset Cancer Register; this is also a problem for Gloucestershire who use the Infoflex Hospital Information System. NBT has decided not to record the data for another 12 months.

009/19: A Personalised Care and Support evaluation update had been provided by Project Manager L Worswick; a more detailed update will be presented at the next meeting in June 2019.

009/19: Action L Worswick

010/19: CNS workforce planning: Information has been submitted to J Miller. Action closed.

012/19: Data reporting design and schedules: The majority of Cancer Managers have sent feedback on reporting design to Project Manager N Gowen for collation.

031/18: Prostate audit dataset: Further funding is required to enable work on the data collection to continue. GLOS and RUH are retrospectively collecting the data.

007/18: Requirement for regional parity in the commissioning of reconstructive breast surgery post cancer treatment: Somerset CCG has agreed to fund the surgery once an access policy is completed. Timescales for completion have yet to be defined; the CCG remains in breach of national policy at present. This item will be kept on the CAG agenda until equity of practice and compliance with national guidance is achieved.

005/17: Agreement of funding for the SWAG pharmacy and oncology chemotherapy protocol posts: The Cancer Alliance Board has agreed to fund the posts until the end of March 2020; the Service Level Agreement will be amended and recirculated for agreement by each provider Trust.

The actions completed and communicated to the COG group prior to the meeting are listed in the COG actions log. All other actions are on the agenda for discussion today.

From the agenda:

3. Review of Alliance Access Policy

Purpose: Alignment with version 10 CWT Guidance Changes to comply with V.10

Please see the updated version of the Access Policy (version 11) for the full summary of changes. This will be recirculated for further review by the Cancer Managers using tracked changes.

The rules on active monitoring and cancer waiting times clock stop will be clarified with the national team.

014/19: Action Z Lane

Inter-Patient Transfer dates are now only counted when a patient is seen in an out-patient clinic, and not when a patient is sent for a test at a different organisation. The data on tertiary tests will still need to be recorded for safety-netting and audit purposes, and then deleted prior to the CWT submission.

The Cancer Outcomes and Services Dataset (COSD) will be aligned with the new CWT guidelines. There is specific terminology that can trigger a clock stop or indicate that a patient needs to stay on the pathway which will be provided for all.

015/19: Action J Withers

4. Collection of the 28 day faster diagnosis dataset

Purpose: Agreement of a standardised regional approach

Please see the separate 28 day faster diagnosis document for ratification by the group. This has already been reviewed by the MDT Leads in Taunton and UH Bristol.

Standardised wording for clinic letters will be agreed.

It was noted that the 28 day standard did not support the move to direct access testing.

Once agreed, the document will be added to the Appendices of the Access Policy.

5. Cancer Alliance update

Purpose: Review of 2019/20 budget and plan

The Cancer Alliance Board will provide £24,000 funding per Trust to support implementation of the faster diagnostic standard; this could be ring fenced to meet the data collection requirements.

Funding for 2019/20 will be sent to the Bristol North Somerset South Gloucestershire (BNSSG) CCG in June 2019 for distribution to the provider Trusts. Work will commence after the funds have been received due to the risk that the National Cancer Board might withdraw funding at short notice.

Please see the separate document detailing the options for the 2019/20 budget, and plan drafted by Cancer Manager H Marder in line with the agreement from the most recent Cancer Alliance Board to divide the funds into fewer, larger amounts that will support sustainable measurable performance improvements to the priority faster diagnostic pathways.

It is possible for funds to be spent on capital items that cost less than £5,000.

It was agreed that investment in the prostate cancer pathway would not make any significant change to performance in this area in the near future, and to invest in those areas where 62 day performance breaches are avoidable.

A possible solution could be ring fenced slots for imaging. It would not be possible for GLOS to agree to this as compliance would not be possible given the current workload and facilities available. Mechanisms to incentivise reasonable delivery need to be agreed. The plan will be recirculated for feedback.

016/19: Action Cancer Managers

Prostate pathway update: The project team are planning to provide training, initially to 1 consultant and 1 CNS, to deliver template biopsy under local anaesthetic to free up theatre capacity and reduce waiting times, aiming to eventually phase out TRUSS biopsy. It is hoped that this can be delivered within 7 days of the request date. The team need to liaise with the Lead Cancer Nurses about the implications of adding this to the CNS role and / or training other members of the workforce to deliver this service.

017/19: Action Prostate project team / LCNs

Colorectal pathway update: There is room to improve compliance with bowel preparation; feedback will be gathered from other Trusts to see how this can be practically delivered. In YDH, all patients are pre-assessed and informed about bowel prep requirements via telephone, and then the prep is delivered to the patients using couriers; this is a new service development that needs to be evaluated.

The Colorectal Cancer Lead in Royal Cornwall Hospital has made some changes to the pathways that have made significant improvements to performance; details will be shared.

018/19: Action Colorectal project team

6. Personalised Care and Support / CNS Workforce

Purpose: To standardise practice / job role provision

Funding allocated to Personalised Care and Support for the coming year has been considerably reduced, and there is a significant risk that the related activity will cease in April 2020 as a sustainable way to commission the service has yet to be agreed. LCN R Hendy has escalated the associated risks to the patient experience via face to face meetings with all relevant senior managers.

It is planned to standardise the H&WB events provided across the region.

7. National Cancer Registration & Analysis Service

Purpose: To improve completion of COSD data

There is still room to improve the current COSD data collection. The increased data collection burden, due to the 28 day standard, and the potential effect that this will have on COSD has been fed back to the senior management team.

Data from 2018 is now available on the Cancer Stats website.

The National Prostate Audit dataset is being streamlined. There is a renewed push for pathology reporting to be standardised, and some issues with missing pathology reports that need to be investigated.

8. Any other business

It had been recognised that the Cancer Alliance Board requires additional senior clinical leadership. To address this, a clinical cabinet meeting is planned which will convene in the near future.

Cancer Alliance reporting requirements are required by tomorrow (18th April 2019).

The 2020 project, which was due to look at issues with accessing cancer services that affect hard to reach groups, could not be delivered within the 3 month time frame set by the NHS England team. LCNs advised Clinical Nurse Specialists that it would be inappropriate to refer patients for the interviews required by the project team as the relevant governance processes had not been arranged.

The LCN update will be provided at the beginning of the next COG agenda.

Date of next meeting: Wednesday 19th June 2019, Urgent Care Room, Weston General Hospital, Grange Road, Weston-super-Mare BS23 4TQ

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