

Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Operational Group
Wednesday 17th June 2020, 10:00-11:00
WebEx meeting hosted by UHBW

Present:

Amy Smith	CAG Administrative Coordinator	SWAG CA CAG Support Service
Belinda Ockrim	Lead Cancer Nurse	Yeovil District Hospital NHS FT
Caren Attree	Lead Cancer Nurse	Somerset NHS FT
Carol Chapman	Lead Cancer Nurse	North Bristol NHS Trust
Catherine Donnelly	Senior Analyst	SCR
Claire Smith	Lead Cancer Nurse	Salisbury NHS FT
Ed Nicolle	Cancer Manager	Royal United Hospitals Bath NHS FT
Eleanor Hunt		SWAG Cancer Alliance/NHS E&I
Emilia Scutt	Cancer Services Manager	Salisbury NHS FT
Hannah Marder (Chair)	Cancer Manager	University Hospitals Bristol & Weston NHS FT
Helen Dunderdale	CAG Support Manager	SWAG CA CAG Support Service
Helen Shallcross	Macmillan AHP & Survivorship Lead	Macmillan
James Curtis	Cancer Manager	Gloucestershire Hospitals NHS FT
Patricia McLarnon	Cancer Alliance Programme Manager	SWAG Cancer Alliance
Rosie Edgerley	Cancer Programme Manager	Somerset NHS FT
Ruth Hendy	Lead Cancer Nurse	University Hospitals Bristol & Weston NHS FT
Terri Agnew	Cancer Manager	North Bristol NHS Trust
Zena Lane	Cancer Manager	Somerset NHS FT

Apologies:

Michelle Gregory	Deputy Cancer Manager	University Hospitals Bristol NHS FT
Natalie Heath	Operational Manager for Cancer	Yeovil District Hospital NHS FT
Suzanne Priest	Assistant General Manager Weston	University Hospitals Bristol & Weston NHS FT

1. Somerset Cancer Register Update

Catherine Donnelly (CD) attended the first section of the meeting to provide an update about the 20.1 SCR update release. COSD and CWT data items will be included in this release with new tertiary functions for multiple organisations. Personalised Care and Support (PCS) items will form part of this release.

SCR will run virtual roadshows in July and August to showcase the new features. If any COG members would be interested in giving a short session about best practice and achievements made please let C Donnelly know.

The CNS module will be part of the 20.2 software release. Product Initiation Documents for this will be available soon. Beta testing is expected to take place in November 2020, with release availability anticipated from January 2021.

CD has recently changed roles and new analysts, a new training manager and a new customer support officer have joined the SCR team.

2. Welcome, Apologies and Action Updates

All members were welcome to attend. Apologies were received from Natalie Heath and Suzanne Priest prior to the meeting.

Notes from the last meeting held on 12th February 2020 were accepted with two small amendments requested. Tara Harris's job title is Cancer Pathway Manager and apologies should be included from Emilia Scutt, Cancer Services Manager at Salisbury NHS FT. Notes have been amended.

A review of actions was discussed as follows:

011/20 Review of Guidance for next agenda. CNSs to feed back. It was unclear if this should be a separate action. To be merged with 006/20 and closed.

010/20 MDT Mode Assessment results. These have been delayed by COVID-19 activities. HD presented results to the Breast CAG in March but will offer MDT reassessments at some point. The action will remain open.

009/20 Test funding allocation for transferring lung cancer patients. Opinion was this is a clinical decision to be made. However, no CAG-wide consensus has been achieved to date. H Marder will speak with Eveline Internullo to discuss.

008/20 Macmillan new and existing post adoption. This item is now closed to COG.

007/20 Clarification of Lead Cancer Nurse and Matron roles. T White, R Hendy and C Chapman. A conversation was begun prior to COVID-19. The action remains open.

006/20 National Optimal Timed Pathway. Again this has been affected by COVID-19 and remains open.

005/20 Mapped diagnostic capacity and demand. Delayed by COVID-19. Remains open.

004/20 Inclusion of QS elements in Clinical Advisory Group meetings. Members are aware of the need for inclusion and were advised to let H Dunderdale know of any QS items to be added to CAG meeting agendas. Action closed.

003/20 COG Terms of Reference for recirculation and sign off. A small amendment is needed for UHBW merger branding and for Taunton's merger. HM will action today for recirculation and sign off.

002/20 Update development of emotional/psychological support roles. This item remains open with Tariq White.

001/20 List of operational data requests and returns. N Gowen to circulate a list of must do and should do. This has been superseded by COVID-19 and remains open.

4. Cancer Waiting Times

4.1 Cancer Waiting Times Adoption of Version 11.0

P McLarnon reminded COG members that the feedback deadline to the national team is Friday 19th June 2020. Z Lane has provided a summary of all changes. These will be recirculated to members today.

012/20 Action: CWT Guidance and Changes summary to be recirculated; All members to feedback to the National Team by 19th June 2020

H Marder will review the local access policy and aim to circulate to all members by the end of the month for virtual agreement at the next meeting.

5. Network Issues

5.1 Clinical Advisory Group Update

Purpose: To share overarching & site specific priorities/initiatives

H Dunderdale provided a verbal update of Clinical Advisory Group activities, including disruption to endoscopy services. HD asked for input from Cancer Managers for current waiting list data for CRC and waiting list data for endoscopy for week ending 12th June. The update was followed up after the meeting with email circulation of the summary details.

Cancer Managers are to be made aware of any changes in surveillance requirements as this may have implications for the Trusts.

Lead Cancer Nurses should be linked into any proposed CNS meetings. C Chapman will be included into UGI and Urology CAGs.

P McLarnon will liaise with H Dunderdale regarding any radiology, as well as existing endoscopy, support needed from the Cancer Alliance.

5.2 Quality Surveillance

All Quality Surveillance activities have been suspended for the moment due to the COVID-19 pandemic. There is no further information currently about when activities will recommence.

014/20 Action: P McLarnon to liaise with Lucy Evans at NHSE&I to discuss regional cells activities

5.3 Remote Monitoring Progress

Purpose: To review regional developments

UHBW progress had been stalled during COVID-19. However, R Hendy will attend a WebEx meeting on Tuesday 23rd June 2020. This will include BNSSG CCG members from the Digital Programme Board, UHBW IM&T and key clinicians.

At the moment it remains unclear whether to pursue a short-term My Medical Record solution or whether to wait and work with BNSSG on a regional approach. Funding from the last financial year remains available. This has been confirmed to NBT by Andy Jennings at BNSSG.

The Cancer Alliance asked for clarification of the timeline being worked to. This is unclear until the meeting next week. R Hendy will know more after that.

NBT's business case has been approved. A Project Manager has been recruited on a one-year contract, commencing Monday 22nd June 2020. It is expected that the Remote Monitoring Service will be operational within nine months across three main cancer specialties. COVID-19 has helped to push forwards digital adoption options more quickly. RMS will then roll out to other cancer specialty sites.

Taunton are using SCR and RMS is all set up. Colorectal patients have been migrated.

There has been a technical issue at Yeovil which has delayed patient migration. Colorectal and Breast are set up, also using SCR and Prostate will follow later.

RUH is not much further forward. In mid-March they had tested for key tumour sites. Some portal development has been done. EN will check for an update with IT.

6. Lead Cancer Nurses Update

6.1 Macmillan New and Existing Post Adoptions

Most staff have been furloughed. The scheme is still in place but with new criteria. Can still put posts up for adoption but alternative funding will need to be identified or there will be no posts.

Maggie Crowe leaves Macmillan at the end of July 2020 to take up a post as Director of Nursing at Dorothy House Hospice in August.

NBT are applying to the Trust charitable funding for a Gynae CNS post.

Taunton have had two posts pulled. There is no hope of getting funding.

Yeovil need a neuro oncology CNS but do not have funding. There is an attempt to cover the post through COVID-19 funding.

RUH have had a Band 6 Haematology CNS post pulled.

Salisbury are looking to recruit an outreach CNS post to provide better links with primary care; however, funding for the post has been pulled. C Smith is linking with a Macmillan GP to review if any existing primary care posts can support some of the objectives of this role and will update COG at the next meeting.

Concerns were raised about the long-term effects of a lack of funding support, as patient numbers increase following the COVID-19 lockdown. There could be an enormous loss in Cancer Support Worker (CSW) provision as well as CNS posts without third party support. There is a need to monitor the consistency of the impact across SWAG and the Cancer Alliance region.

0015/20 Action: Add Macmillan and CNS Post Funding Implications as an agenda item for a lengthier discussion at the next COG meeting

6.2 Changes to NCPES

The NCPES results for 2019 are due to be published on Thursday 25th June 2020. Although not yet officially confirmed by NHSE&I, the 2020 survey will not go ahead in its typical format due to the COVID-19 pandemic. There has been no patient sampling done and this year's data would not be comparable with previous years.

A virtual advisory webinar will be held on 14th July, as there will be a survey to capture the COVID patient experience. Members were keen to get more detail at the next COG meeting.

Work continues on revamping the survey. Amendments are expected to be part of the 2021 survey. In particular there will be drop-down fields to capture outpatient and inpatient activities separately and to capture rarer cancers more thoroughly.

0016/20 Action: Add to the August COG Agenda for further update of changes

6.3 Personalised Care and Support

Purpose: To share new metrics, COSD and discuss future funding

NBT are trying to do their holistic needs assessments remotely in line with the increased number of patients now being seen. Attend Anywhere software is deployed to hold virtual consultations. The Wellbeing Centre remains closed but the Cancer Helpline is set up and working well. A replacement for Helen Francis (nee Simms) has been recruited and Emma, the PCS Lead, now has a substantive post with oversight of the Wellbeing Centre. An online Microsoft Teams Wellbeing event has been held with good feedback.

UHBW will hold webinar events in the first week of July and are liaising with the Psychology team who have held virtual events.

Yeovil have held WebEx breast support groups for both primary and metastatic patients, as they have differing needs. An event will be held soon for Colorectal. The Wellbeing events are video sessions, which are followed up by a telephone appointment a week later. Patients have the opportunity to ask any questions before they go into self-management. Live forum events are planned once a month where patients can raise questions; these are being held for Breast and Colorectal and will be planned for Prostate.

In Taunton all assessments are videoed and the first Health and Wellbeing event was held yesterday.

Salisbury hold HNAs virtually. All Health and Wellbeing events have been postponed but will be held virtually. There are a lack of therapists and COVID will continue to affect recruitment. The OT service is fully operational.

R Hendy reminded members of the need to move towards completing the SCR COSD elements. P McLarnon had shared Personalised Care and Support slides and reminded members to look at slides 14-16. At the last Cancer Alliance Board meeting, held on Friday 13th March 2020, the offer to support funding (although with a 25% reduction compared to last financial year) had been agreed. A meeting will be held with Cancer Clinical Leads on 24th June. All members were requested to contact P McLarnon if there are concerns about costs.

0017/20 Action: Lead Cancer Nurses to look at item 6 14-16. Make sure costs are still correct.

6.4 Any other business

COG members wanted to discuss Mutual Aid at length. There was a request for an update on COSD items and opinions were sought for the management of patients who continually refuse to attend at the moment.

Regarding Mutual Aid, J Curtis and H Marder virtually attended the surgery model working group on Tuesday 16th June. A decision was made to exclude paediatrics and skin specialties. A smaller working group, comprising S Falk, J Whitton, C Osborne and N Borley, will go through the Wessex model to amend for SWAG purposes. The larger working group will look at this amendment in two weeks' time to add input.

T Agnew has requested involvement in this meeting from T White. NBT surgeons have commented that no one can offer Mutual Aid for regional surgical robotics unless they work together outside the area. It was agreed that a similar approach would be needed for other niche specialist surgical types but these do all need to be included. This will be raised again and will probably be altered in the future. COG members were concerned about how Mutual Aid will work from an operational perspective.

P McLarnon confirmed Mutual Aid must be nailed down. Medical Directors are having discussions about forming regional Alliances – such as working together with Southampton, Swindon and Gloucester.

Regarding patients not wishing to attend, Salisbury are just starting to work collaboratively with Primary Care and across the Trust to consider a coordinated approach to contact patients and identify key concerns.

H Shallcross said regarding COSD, there are two HNA elements. There will be one new option and seven new elements.

P McLarnon gave a brief Cancer Alliance Governance update. Dorothy Goddard would like to be involved in the PCS agenda. H Marder will circulate information about the Quality of Virtual Appointments.

As a final point, this was C Chapman's last COG meeting before retirement at the end of July. All members wished to thank her for her contributions to COG meetings and at NBT. Her support has been appreciated by all Lead Cancer Nurses and she will be greatly missed by this group. A virtual retirement party will take place on 23rd July 2020, 11am-2pm, with a presentation from 12:30-1pm. Any contributions for this please contact T Agnew, Jayne Masters or Emma Bedggood. It is hoped a live leaving celebration will follow later in the year.

Date and time of next meeting: 10:00-11:00 Wednesday 19th August 2020, WebEx hosted by RUH.

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