

DRAFT**ASW Cancer Network Survivorship Meeting**

To be held on: Wednesday September 9th 2015, 14:00 – 15.30

Location: Meeting Room 1, South West House, Blackbrook Park Avenue,
Taunton TA1 2PX

AGENDA

Item No.	Description	Lead
1	Welcome and apologies	DAG
2	Notes and actions of last meeting	DAG
3	Commissioning of LWBC	JM
4	LWBC Event	JM & CN
5	National Cancer Strategy See Appendix	JM
6	Trust Update	All
8	Any Other Business	
9	Next Meeting date <ul style="list-style-type: none">Thursday, 10 December 2015 : 14:00–16:00, TBC Penny Brohn	

Appendix

National Cancer Strategy

Summary of Recommendations for Living With and Beyond Cancer

#	Topic	Summary	Lead	Recommendation
62	LWBC	Cancer Support Groups	NHSE	NHS England should encourage all hospital providers to provide a directory of local services (electronic and on paper) and facilitate local cancer support groups (e.g. by providing free space), which can provide peer and signposting support to cancer patients being treated there. This should complement directories provided in general practice.
63	LWBC	Supporting needs	NHSE	The NHS and partners should drive forward a programme of work to ensure that people living with and beyond cancer are fully supported and their needs are met. This should include approaches to reducing and managing long-term consequences of treatment. This could include understanding how tested approaches such as trigger questions can be embedded into clinical practice, as well as approaches to ensuring that specialist services for complex problems arising from cancer treatment are commissioned.
65	LWBC	Recovery package	NHSE	<p>NHS England should accelerate the commissioning of services for patients living with and beyond cancer, with a view to ensuring that every person with cancer has access to the elements of the Recovery Package by 2020. In addition, NHS England should work with NICE to develop a guideline, by mid 2016, for a minimum service specification, building on the Recovery Package, thereafter to be commissioned locally for all patients, together with a suite of metrics to monitor performance. This specification would be expected to evolve over time, as resources permit. Initially this specification could include the following elements:</p> <ul style="list-style-type: none"> • A holistic needs assessment and a written individualised care and support plan at key points across the pathway. The patient should agree with and own this plan which should be shared with their GP or other designated local healthcare professional. It should take in to account social circumstances, mental health needs, and any co-morbidities. • Information on likely side-effects of treatment and how best to manage these, including those that might appear after some months/years. • Potential markers of recurrence/secondary cancers and information on what to do in these circumstances. • Key contact point for rapid re-entry if recurrence markers are experienced or if serious side effects become apparent. • A cancer care review to discuss ongoing needs and completed by the patient's GP or practice nurse. • A treatment summary completed at the end of every phase of acute treatment, sent to the patient and their GP. • Access to a patient education and support event, such as a Health and Wellbeing Clinic, to prepare the person for the transition to supported self-management, including advice on healthy lifestyle and physical activity. • Signposting to rehabilitation, work and financial support services.
66	LWBC	Research	NIHR	NHS England should ask NIHR and research charities to develop research protocols which would deliver better understanding of the prevalence and incidence of multi morbidities and the effects these have on outcomes and quality of life.

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67	LWBC	Stratified pathways of care	NHSE	The Trust Development Authority and NHS England should ensure all providers are incentivised to start implementing stratified follow-up pathways of care for patients treated for breast cancer. NHS England should pilot stratified follow-up pathways of care for other tumour types, ideally including prostate and colorectal and some rarer cancer types, with an aim to roll out nationally for at least two other cancer types by 2020.
68	LWBC	Research	NHSE	NHS England, via the National Cancer Team (see section 8), should define a set of research priorities to be considered by NIHR and other research funders, on long-term patient needs and survivorship issues, and identify mechanisms to enable this research to happen.
69	LWBC	Research	NIHR	NHS England should ask NIHR and research charities to develop research protocols which would lead to a much better understanding of the long-term consequences of different treatment options, including patient experience and quality of life considerations.
70	LWBC	Rehabilitation	HEE	NHS England and Health Education England should support a national review of the cancer rehabilitation workforce and promote the role of AHPs in multi-disciplinary teams.
71	LWBC	Depression	NHSE	NHS England should consider piloting, through new or existing vanguard sites, the commissioning of integrated evidence-based depression care that includes screening and treatment systems.
73	LWBC	Community support	CCGs	CCGs and HWBs should work to identify and promote best practice in approaches to support people living with and beyond cancer. They should involve individuals and organisations beyond the NHS, for example employers, community organisations, and charities.
74	LWBC	Return to work	NHSE	NHS England should work with partners to ensure that supporting people with cancer to return to work is a key focus. This should include ensuring that return to work is fully integrated into assessment and care planning and should encourage the commissioning of vocational rehabilitation services.

