

Meeting of the Cancer Operational Group (COG)

Friday 8th December 2017 (10:00-12:00)

Lifton Farm Shop (Strawberry Fields Conference Room), Lifton, PL16 0DE

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Draft Notes

Reference	Action
1.0	Welcome/Apologies Please refer to separate attendance record here .
2.0	Ratification of minutes of previous meeting/ actions
2.1	SD: 5.6-Lung patient's specific criteria and only single site.
3.0	Declaration of AOB
3.1	Feedback regarding external review of Brain and CNS services at PHT: SD: - No immediate risks for PHT. Improved video conferencing facilities are now in place.
3.1.1	Brain CNS succession planning: following recent retirement from CNS post, a Band 6 role has been created + 1 additional day.
3.1.2	Patient pathways developed by the Brain SSG are due to be signed off at the next meeting in January.
3.1.3	TG requested a formalised statement from SD to assist with business planning.
3.2	Macmillan census-TG responded. The next census will be in greater detail and will be more localised to support business planning.
3.3	100,000—Genomes: - update today.
3.4	AOB-Modernising radiotherapy services added to the agenda today as requested by Louise Hunt.
4.0	NCPES Trust Actions Plans
4.1	RDE is happy to share their NCPES action plan.
4.2	RCH commented on common themes arising from the survey,

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including chemo and breaking bad news. There will likely be trusts and site specific actions.

5.0 **CQUINS Specialist Commissioning ESC update**

5.1 TG met with specialist commissioners, who have/will be visiting all trusts across the Peninsula. Overall the premise of ESC CQUIN is demonstrating significant benefit to patients.

5.1.1 As a result of ESC, over the last quarter, the RDE has avoided 49 patient admissions and 7 patients undergoing unnecessary investigations. Significant cost savings have also been demonstrated, including 5 patients who avoided having unnecessary chemotherapy treatment (a saving of approximately £20,000).

5.1.2 In order to facilitate the ESC CQUIN, the RDE met with NHSE and pump priming was required. ESC is now embedded into new commissioning documents, however, it is clear that there will not be any additional funding for this project. Significant resources were required in order for the RDE to facilitate ESC (including consultant time, CNS, dietetics and physiotherapy services). In the absence of funding, it is difficult to see how ESC will continue its success.

5.1.3 ESC work carried out at the Christie Hospital (Manchester) showed considerable reduction in chemotherapy spend.

5.1.4 There is a drive to move more care into the community, however, skills to support ESC in the community are lacking. Patients are being seen by Hospiscare and GPs, but still have significant needs with symptom control that are unmet.

5.1.5 TG is happy to share ESC information with the Peninsula trusts.

6.0 **Review of the SW Access Policy**

6.1 Torbay: When STT was put into the colorectal pathway, it was agreed that the telephone triage appointment would be used to “stop the clock”. However, this is now being challenged; Torbay has been told that the clock stops with colonoscopy, not telephone triage.

6.1.1 Plymouth: there were discussions with Jonathan Miller; it was confirmed that telephone triage replaces a clinic appointment and that this was the right thing to do for the Peninsula. The aim is still for colonoscopies to be carried done within 14 days.

6.1.2 The group agreed that they will continue to use telephone triage to stop the clock, and managers will remind their teams of this process.

6.2 It was noted that updated national guidance regarding the 28 day standard is pending and that the SW Access Policy will not be changed until this has been published.

6.3 **Action:** The group will discuss the SW Access Policy again once the

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new national guidelines are available.

7.0 **104d Waits**

7.1 John Renninson wrote to Nigel Acheson expressing that it would be impossible to get 104d waits down to 0. JR also mentioned the position on Lung Nodules.

7.2 **Action:** NK to contact JR/Amy Roy to confirm if we are awaiting the BTS to release their quality statement on lung nodules before an agreement is signed off re: lung nodules, for the Peninsula.

8.0 **100,000 Genomes Update**

8.1 Update presented to the group by Fiona Maddocks and Steven Johnson.

9.0 **Modernising Radiotherapy Services**

9.1 Concerns were raised that the proposed changes are not achievable.

9.2 Plymouth: the radiotherapy department are going to respond to the consultation.

9.3 Torbay is very concerned with the plans and has undertaken an initial response. Staff/patient user groups have been encouraged to give feedback to the NHS England public consultation (the deadline for which has been extended to 11:59 on Wednesday 24th January 2018).

9.4 Cornwall: the oncologists were of the view that they had made their opinions quite clear in the pre-consultation and were surprised when the proposal came out unchanged.

9.5 SD noted that Cornwall patients are distinctly disadvantaged as transport is not funded. The CCG has confirmed that their position on transport funding remains unchanged. There is concern that the proposed plans are flawed and that patients will be disadvantaged from receiving clinically appropriate care, purely on the basis of geography.

9.6 LK will contact Gilly and Mac (patient representatives) to ensure that their patient user groups are aware of the public consultation, and deadline for comments.

10.0 **Alliance Update**-Lynne Kilner (LK)

10.1 Transformation bids-SLA went out last week, along with the first payment. There will be another lump sum payment due in Q4.

10.2 Cornwall is in a slightly different position to the rest of the Peninsula. Recruitment has been stalled by funds not yet being available; this will hinder the ability to deliver some of the performance indicators.

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- 10.3 LK confirmed that the same SLA format has been proposed and share with Kernow CCG, however, the funds will go directly to the RCH budget. A process for monitoring will need to be agreed.
- 10.4 Exeter/Plymouth will not be able to get personnel in place until March 2018. Plymouth plan to advertise 2 year FTCs.
- 10.5 SD asked how the money for SCR will be negotiated. LK advised that this will fall under service/system development and that JR is leading on this.
- 10.6 It was suggested that the funds allocated for SCR improvements are received directly to off-set the costs that the trusts using this system are already paying.
- 10.7 The RDE are moving to Infoflex and would like funds to come in directly for this.
- 10.8 SCR has released their version of eHNA, as have Macmillan who have been working with SCR to get some of the information across.
- 10.9 Update re Project Manager Posts (LK): Sarah Jane (Cornwall based) will start in post next Monday, and will be working on the qFit and NOCLP projects.. A post has been offered in SWAG, however the position remains unclear on when/if the candidate will be joining.
- 10.10 qFIT labs: Progress has stalled, Bristol Execs have commented on the expressions of interest, and are querying if there is a need to go out to tender. Without an agreement from the Bristol Execs (part of SWAG Alliance) the Peninsula work remains stalled.
- 10.11 NOLCP: The SW lung steering group are due to convene on 16th January 2018.
- 10.12 **Action:** TG will ask Sandra Cookson if she would like to be a CNS representative at the group.
- 10.13 It was noted that SWAG is currently challenging the 3 categories in the SCR radiology reporting tool.
- 10.14 Prostate work is being led by Nick Burns-Cox for the Peninsula and Raj Persad for SWAG.
- 10.15 LWBC-LK discussed supporting PMO-will need templates. Macmillan GPs will lead the primary care facing element.
- 10.16 TG thought J Miller said that the cancer care report is not part of LWBC. LK says in the bid there will be something in primary care, however this will require careful consideration due to budget constraints.
- 10.17 SD-GPs are required to participate in LWBC; it would be helpful to have some feedback as to how primary care will feed into this work

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stream.

- 10.18 SD/TG: there have been difficulties with EOTs and occurrences where GPs have refused to undertake requests documented within the EOTs.
- 10.19 In respect of the cancer care review, it was thought that it might be helpful to link practice nurses with CNSs.
- 10.20 Urgent work with primary care is required to help develop an understanding of how cancer services and patient pathways are working, and over all engagement.
- 10.21 It was noted that sometimes there is an overlap (cancer care review/EOT), and that for some patients, treatments never end. There will be patients who need open access to secondary care.
- 10.22 Risk Stratification: It was thought that some GPs may not engage and this needs to be considered..
- 10.23 LWBC-LK was of the view that a steering group may be needed as an interface between primary and secondary care.
- 10.24 TG raised concern about the number of meetings that lead nurses/cancer managers are attending currently. LWBC should remain following the cancer managers meeting quarterly.
- 10.25 Concern was also raised as to the purpose/terms of reference for the Alliance Board and STP board meetings. The STP board appears to have a performance focus.
- 10.26 **Action:** LK agreed to pick up on this.
- 11.0 **AOB/Date of Next Meeting**
- Friday 2nd March 2018
10am-12noon
Lifton Farm Shop Conference Room

Summary of Actions Arising

Action Owner	Reference	Action
Nina Kamalarajan	6.3	Add Lung Nodules to the agenda for the next meeting.
Nina Kamalarajan	7.2	NK to contact JR/Amy Roy to confirm if we are awaiting the BTS to release their quality statement on lung nodules before an agreement is signed off re: lung nodules,

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		for the Peninsula.
Tina Gross	10.12	Action: TG to ask Sandra Cookson if she would like to be a CNS representative for the lung steering group.
Lynne Kilner	10.26	Action: Clarify terms of reference for the Peninsula Alliance and STP Boards.

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