

## Peninsula Cancer Alliance

### Meeting of the Cancer Operational Group (COG)

Friday 8<sup>th</sup> 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

#### Meeting Chair: Tina Grose (TG)

Lead Cancer Nurse (Royal Devon and Exeter NHS Foundation Trust)

#### Reference

#### 1.0 Welcome/Apologies

##### Apologies

Trust	Name	Position
UHP	Katie Caley	Senior Performance Information Analyst
RCHT	Sarah Lear	Lead Cancer Nurse
TSDFT	Sam Brenton	Lead Cancer Nurse
UHP	Sian Dennison	Lead Cancer Nurse/Manager

##### Attendees

Trust	Name	Position
NDDH	Andrew Filby	Cancer Services Manager
TSDFT	Emma Wheatfill	Cancer Services Manager
RCHT	Louise Hunt	Cancer Services Manager
UHP	Miranda Benny	LWBC Lead
RCHT	Ruth Card	Improvement Facilitator
PCA	Nina Kamalarajan	PCA SSG Support Manager
RDEFT	Tina Grose	Lead Cancer Nurse

#### 2.0 Ratification of the previous meeting minutes and actions arising

2.1 The minutes of the previous meeting (held on 16<sup>th</sup> June 2018) were considered) and the actions arising reviewed;

2.2 Re: Prostate Cancer Referrals; AF has circulated the Bristol policy.

2.3 COSD (v8) issues raised are now resolved.

2.4 2ww UGI proforma (direct access) shared. Consultants at TSDFT are of the view that there is little benefit in changing the pathway to direct access. TG would like to discuss this pathway again at the next COG meeting to give SD the opportunity to discuss direct access for Plymouth-RCHT has already

## Peninsula Cancer Alliance

implemented direct access.

2.5 Haematology 2ww referral form-Neil Toghill (Matron RDFET) has undertaken an audit of the surgical process for haematology patients as there are some delays in the pathway.

2.5.1 **Action:** NK to contact Eileen Deakin/Deborah Turner/Paul Kerr to obtain an update.

### 3.0 Declaration of AOB

3.1 None declared.

### 4.0 Cancer Alliance Matters

#### 4.1 *Review of current structure/sharing good practice*

4.1.1 Concerns remain about inadequate acute hospital trust representation at the Peninsula Cancer Alliance Board. The authority of the board (in respect its decision making capacity) also remains unclear and this is of concern. In the absence of an adequately represented forum, there is a lack of opportunity for trust representatives to engage in higher level discussions to support the work of the Alliance across the Peninsula and to facilitate joint working/decision making.

4.1.2 NEW Devon CCG and Torbay and South Devon CCG are now working in partnership and it is likely that the Cancer Alliance will be hosted within an STP/CCG framework in order to support more cohesive governance and funding structure.

4.1.3 Concern was raised that communications from the Alliance Board are not being adequately filtered down to Kernow CCG; it is unclear what representation there is from Cornwall to ensure that the needs of its population are considered.

4.1.4 It was agreed that Devon STP Cancer Operational Group needs to ensure that they are aligned with the Alliance Board. Consideration must also be given to Cornwall to ensure that the needs of their patient population are not overlooked.

4.1.5 **Action:** TG will write to Phil Hughes (PCA Board Exec) on behalf of the Peninsula COG to formally raise these concerns on behalf of the group.

### 5.0 *User Engagement*

5.1 Following the resignation of the newly appointment patient/user representative lead for the Peninsula, discussions arose about the approach to patient/user engagement work moving forward.

5.1.1 User engagement forums across the Peninsula vary greatly; In Cornwall there is a Macmillan funded communicator post which is working very well in engaging younger patient representatives. Torbay and Plymouth have functioning user groups, but they are in need of support to increase their

## Peninsula Cancer Alliance

effectiveness.

5.1.2 It was agreed that a patient engagement strategy for the Peninsula would be beneficial.

5.1.3 **Action:** TG to contact Bev Parker and Jon Miller to clarify what plans are in place in the absence of a Pan-Peninsula patient/user representative lead. It was agreed that all COG managers will provide a summary of current patient/user group activity for NK to collate and send to TG.

### 6.0 *MDT Reforms*

6.1 **Action:** NK to circulate the NHSE MDT audit proforma and the MDT improvement report from UCLH (NB the audit questionnaire used by UCLH differs from the NHSE audit).

6.1.1 EW raised concern about compliance with peer review measures and implementing MDT change.

6.1.2 **Action:** NK to seek advice from JM on this point.

### 6.2 *PCA Administrative Support*

6.2.1 A PA has been appointed to provide administrative support to NK/senior PCA management and the LWBC project. Funding for this post has been secured for 23 months. NK will update the group once the appointment has commenced.

### 6.3 *PCA Funding for SSGs*

6.3.1 NK discussed the provision of funding for SSG meetings; not all groups generate sponsorship from industry and the risk is that income generated by pharmaceutical sponsorship may fall short of the annual spend for SSG meetings.

6.3.2 **Action:** NK to provide cancer managers with information on the existing funding arrangements available within SWAG, as well as the financial report for the PCA for 2017/2018 in order to ascertain if trusts are in a position to cover any potential shortfall.

### 6.4 *28d pathway*

6.4.1 Funding has been made available for one year to appoint band 6 support workers across the Peninsula. TG asked if there were any active appointments yet; AF advised that there is no progress to report for North Devon; RCHT plan to back fill RC's role to enable her to provide support. EW is awaiting for the job description to be signed off and will share this once agreed.

### 6.5 *Herceptin IV capacity/demand*

6.5.1 EW asked if there was any concern across the network with respect to moving Herceptin from SC to IV administration for certain patient groups as patient numbers could potentially become unmanageable.

6.5.2 LH confirmed that she had not heard anything from the RCHT chemo

## Peninsula Cancer Alliance

pharmacist about this.

6.5.3 TG agreed to look at the remit of this move-there had been a national drive to return to IV administration on the basis of cost savings, however the ethical implications of this requires further consideration.

6.5.4 **Action:** TG to discuss with Libby and report back to the group.

6.5.5 Concerns were also raised regarding the ability of trusts to meet national college guidance on the administration of chemotherapy (commenced within 2 weeks) and the impact that the sudden reduction in the availability of pre-made chemotherapy will have on services.

### 6.6 *qFIT outcomes*

6.6.1 EW raised non-referral of patients and governance arrangements; this was discussed at a recent STP meeting. EW had a patient on the list with a score of over 400 who had not been referred and had had to escalate this to the qFIT project manager in order to establish a plan for this patient. Advice was given to telephone the patient's GP on this occasion; however, assurance as to the governance process for the patient list is required to ensure that processes are in place to meet patient safety requirements and establish clear lines of clinical accountability.

6.6.2 **Action:** TG to write to JM/BP to ask what strategies are in place to address this issue.

### 6.7 *NOLCP*

6.7.1 Concern was also raised as to the amount of data reporting that is required of trusts in respect of the NOLCP project.

6.7.2 **Action:** TG to seek clarification on this from JM.

### 6.8 **AOB**

6.8.1 AF asked if there was a job spec for GPwSI in Oncology. RCHT has a number of practicing GPwSI in Oncology and LH will share information on this.

6.8.2 A discussion arose regarding increasing pressures facing oncology services and the need for a robust strategy to ensure adequate psychological support to clinicians who are looking after huge volumes of very poorly patients.

6.8.3 SD is organising a 2 day cancer conference (12<sup>th</sup>/13<sup>th</sup> July 2019 TBC) and hopes to offer free places to Peninsula medical/nursing staff. Further details to follow.

6.8.4 RDEFT are offering free places to attend a LWBC/end of life event on 11<sup>th</sup> October.

6.8.5 **Action:** NK to send out booking information.

6.8.6 Staff turnover and recruitment of chemo/cancer nurses remains a problem

**Peninsula Cancer Alliance**

across the Peninsula.

6.8.7 NK to ask all lead nurses/cancer managers across the PCA to share job descriptions so that these are easily available to circulate if requested.

**6.9 Next Meeting Dates**

6.9.1 It was agreed that there will be an additional COG meeting this year;

***9<sup>th</sup> November 2018 and 7<sup>th</sup> December 2018***

**Summary of Actions Arising**

Action Owner	Reference	Action	Updates
TG	4.1.5	TG to write to Phil Hughes regarding concerns about acute trust representation on the PCA board.	
	5.1.3	TG to contact Bev Parker/Jon Miller regarding a patient/user representation strategy in the absence of a specific pan-peninsula lead.	
	6.5.4	TG to discuss IV Herceptin with Libby and report back to the group.	
	6.6.2	TG to write to BP/JM re governance strategy for non-referral risk.	
	6.7.2	TG to clarify with JM the necessary reporting requirements for the NOLCP project.	
NK	2.5.1	NK to obtain an update from BP/PK regarding the Haematology 2ww referral proforma.	The Haem SSG convened on 13.09.2018-the group discussed head/neck lumps and the pros/cons of offering specific guidance within the 2ww form on referral to head/neck. It was decided that the wording on the 2ww form will remain unchanged.
	6.1	NK to circulate the NHSE	Attached with the minutes.

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		audit proforma and the ULCH MDT improvement report to the lead cancer nurses/managers.	
	6.1.2	NK to seek advice from JM regarding MDT reforms and peer review requirements.	Email sent to JM on 17.09.2018-response to be circulated with the minutes.
	6.3.2	NK to circulate the financial report for the PCA SSGs for 2017/2018 and the information regarding the SWAG funding model.	Attached with the minutes.
	6.8.5	NK to circulate booking information for the RDEFT LWBC event on 11 <sup>th</sup> October.	Email circulated on 10.09.2018 with booking form attached.

DRAFT