

Thames Valley Cancer SCN Steering Group Meeting

Thursday 1st May 2014, 1.30 – 16:00
Magdalen Centre, Oxford Science Park, Oxford

MINUTES

Attendees	Role	Affiliation	Initials
Bernadette Lavery	Clinical Director - Cancer	TVSCSN	BAL
Jackie Beaumont	Chair of Patient Partnership Group	TVSCSN	JB
Helen Baker	OUH Cancer Manager	Oxford University Hospitals	HB
Lindsay Whittam	Cancer Lead Clinician	Great Western Hospital	LW
Marion Foster	Quality Improvement Lead	TVSCSN	MF
Monique Audifferen	Cancer Network Manager	TVSCSN	MA
Nick Crowson-Towers	Deputy Chair Patient Partnership Group	TVSCSN	NCT
Steve Candler	Network Manager Domain 1	TVSCSN	SC
Susanne Stewart	GP Cancer Lead	Oxfordshire CCG	SS
Jonathan Smith	Head of Public Health Commissioning	TV AT	JS
Bridget England	CRUK Primary Care Engagement Facilitation Manager	TVSCSN	BE
Louise Forster	CRUK Primary Care Engagement Facilitator	TVSCSN	LF
Andrew Harper	FY1 (observer as part of Management in Medicine Programme, Oxford University)	OUH	AH

Apologies received	Role	Affiliation
Barbara Barrie	CCG Cancer Lead/Macmillan GP Facilitator	Berks West CCG Federation
Ingrid Goodman	Macmillan Senior Development Manager	Macmillan Cancer Support
Kath Brown	Deputy Cancer Manager	Great Western Hospital Swindon
Paula Jackson	Consultant in Public Health – Screening & Immunisations	TV Area Team
Richard Fisher	GP / Macmillan GP Facilitator	Swindon
Raj Thacker	Clinical Commissioning Director for Planned Care	Chiltern CCG
Nathan Hall	Programme of Care Manager (Specialised Cancer and Blood)	NHS England
Anant Sachdev	GP Cancer Lead	Berks East

Meeting opened: 1.35pm

1. Introductions and apologies

All attendees introduced themselves; apologies were noted.

BAL welcomed everyone to the meeting.

2. Previous meeting minutes and Actions

The minutes from the previous meeting were reviewed, no amendments required therefore signed off by Bernadette Lavery.

Action No.	Action	Who responsible	Status
1	Review ToR in 6 months' time.	All	Agenda item for July meeting
2	JB to contact IG re potential funding.	JB	To be updated at the May Meeting
3	JB and SP to discuss research input to the group.	JB/SP	To be updated at the May Meeting
4	AS to work with MF and clarify the patient group and timescales within the next few days for the brain tumour project.	AS/MF	Completed
5	Develop a breakdown of group representation at conference.	MF	Completed
6	Establish within each project where any work has started	BL/MA/MF	Agenda item
7	Provide feedback to stakeholders based on the Steering Group' position on the status of each project highlighting SCN capacity, funding and variation in scoring.	BL/MA/MF	Agenda item
8	Share models/option paper with SG membership to aid views and decision making.	BL/MA	Agenda item

Significant number of apologies – ToR will be reviewed at July meeting to review membership as low attendance compromises decision making due to lack of quoracy. Consider the need for committed attendance from lead clinicians or cancer managers from all trusts. **SC** suggested using available technology may help improve attendance.

Action points

- Action 1 ToR for review in July
- Action 2 **JB** to contact IG re potential funding - ongoing
- Action 3 **JB** to liaise with Val Woods as SP has left TNRCN. **MA** to facilitate introduction.
- Action 4 Complete
- Action 5 Complete
- Action 6 Agenda item
- Action 7 Agenda item
- Action 8 Agenda item

ACTION 1: Team to write to Cancer Management teams and CCG contacts to encourage attendance

ACTION 2: JB to liaise with IG (Macmillan) re potential funding

3. Project status feedback to stakeholders:

BAL gave an update on latest situation relating to projects included on the proposed TV CSCN work plan (circulated with the meeting papers), which was discussed at the 2013 Launch Event. Whilst a number of projects have progressed, some have been put on hold, been superseded by other initiatives or have been postponed due to resource constraints.

- Networking - ongoing
- Steering Group – in place
- Cancer Launch Event – will be an annual event as conference
- Legacy Network Groups (TSSGs/CCGs) / Provider based groups - in progress
- Urology Service Redesign – in progress
- TV Cancer SCN Dashboard – superseded and now being developed as a national initiative
- GPF roles – on-going as Domain Lead led project
- Brain and breast audit – in progress but now brain only
- Audit of patients following emergency admission – now underway
- Holistic Needs Assessment – removed as most areas already doing this as part of Peer Review
- Survivorship – hoping to get help from 3rd sector and AHSN to take this forward
- Improved Outcomes Working Group – now domain led
- Head and Neck dietetic support – in progress
- Psychology Provision for ex cancer patients – incorporated into H & N project – in progress, ad out for project lead
- Breast Cancer early discharge – in progress
- Enhanced recovery – on hold due to budget constraints – seen as operational function and therefore more appropriate for provider trusts to lead on this.
- Rehabilitation – on hold as part of a larger piece of work across all SCNs requiring lots of resource
- Rehabilitation Pathways – domain led work
- Patient, Public & User Involvement & Engagement – Task & Finish Group formed and looking at outcomes from patient survey
- Cancer Staging – superseded by a national initiative led by the Cancer NCD
- Information data – superseded by national initiative led by the Cancer NCD

4. TV Cancer SCN Project Report

- **GP Facilitators**
SC hoping to recruit to the ongoing vacancy in Bucks and also for a replacement in Oxford shortly. Evaluation of GPF roles was very positive. In those areas where a GPF had been in post clear benefits identified in terms of Awareness i.e. an increase in the number of 2ww referrals.
- **Head & Neck scoping**
Hoping to complete recruitment in May however the SCN is not directly involved in recruitment process as this is direct arrangement between Macmillan and Central Southern CSU.
- **Urology Project**
Phase 1 Repatriation of cystectomies from WPH back to RBH has been completed.
Phase 2 Frimley acquisition of WPH impacts on other service models and pathways. Impact assessment on trusts and services to be done. May need to halt the project temporarily to take into account the national directive for a likely increase to 2m population requirement to sustain specialist services for urological cancer surgery and to assess overall the impact on configuration of services; consider how WPH situation will impact on this. Need to undertake consultation. Senate to be involved in the larger piece of work.
- **PPG Task & Finish Group**
Have chosen themes from the NCPES which were similar across all trusts and will be meeting with Trust management in due course. Waiting on data and action plans from Trusts for past 3 years surveys where available. Marion Foster to lead on project now.
- **Breast Cancer Early Discharge/Rapid Access and Follow-Up Project**
Had one well attended meeting which highlighted a number of similar themes mainly in relation to data collection and annual mammogram recalls. In 3 trusts the Screening

Programme organises appointments and sends letters advising of results. 3 trusts struggling to get agreement from Screening Teams to take this on. **JS** from PH has agreed to be involved in helping move this forward.

- **Brain Tumour Audit** – 12 practices taking part with 55 audit data submissions – data analysis under way and meeting with Dr Anant Sachdev to discuss data and provide basis for GP practice visits and discussion. **JS** stated he had previously undertaken a pathway review for Brain and CNS in SE area.

ACTION 4: MF to discuss JS work in south east. MF/BAL to discuss with JS possible involvement of screening teams in undertaking routine mammography in first 5 years after treatment for breast cancer.

5. Audit of Emergency Admission Project

- **BE** presented background and work plan for this 2 year project covering Bucks, Oxford and Swindon. Will be meeting with targeted GP practices but need to understand what work has already been done by GPFs. Will meet with acute trusts to understand their pathway and numbers of admissions. Want to work with 150 practices across the patch looking at the emergency presentation lists.
- **SS** stated that some practices may already be doing annual audits and those people may be keen to be involved.
- **LW** said that cancer management teams are very stretched with Peer Review at the moment and although likely to be very willing to be involved will require a degree of flexibility in order to do that. Significant Event Audits (SEA) allow for mapping. Project will also contain an educational aspect. To also cover uptake of screening.
- **BE** to meet with **JS** to discuss screening uptake and identify some of the bigger practices.

ACTION 5: MF to circulate project information to the wider group

ACTION 6: BE to do a brief to send to CCG Leads to notify them of the project

6. Clinical Expert Advisory Groups

- The groups are acknowledged at national level as being important to support PR process. **BAL** and **MA** have met with all Trusts to secure support and funding for A&C infrastructure. Cancer Research network have agreed some funding as have Specialist Commissioning and there will be some funding provision from the Cancer SCN. Groups will have a substantial operational activity requirement and need to demonstrate outcomes. A&C 4 role will be going out to advert shortly. Trusts will be contacted requesting their nominations to lead groups. Annual Reports may need to be more detailed to reflect attention to cancer quality. The new SCN website will provide a repository for key documents.

7. NHS Business Plan – Putting Patients First

- **BAL** said quite a lot of this already appeared to have been committed to. Relevance to SCN – Annex A. Specialised services commissioning strategy due to be published later in the year. There will be a review of Specialised Commissioning function shortly. The business plan highlighted several other interests i.e. what's coming next, modern model of integrated care, new models of care working alongside early adopters on integrated care; highest quality of integrated care etc. There is a commitment to publishing a 5 year service strategy by end of July 2014. Reduction of service derogations to 5% of all contracted services by March 2015. 7 day services and wider primary care provided at scale. Suite of national enablers to be developed by next year. The CSCN will need to map projects into areas of business development

Link: <http://www.england.nhs.uk/wp-content/uploads/2014/04/ppf-1415-1617-wa.pdf>

8. TV Cancer Annual Event

- The Group agreed the need to bring a broad group of people together and ideally should have a theme to provide more focus. Suggestions for the event were:

Content based on what we've achieved and what's ahead, Sean Duffy's perspective on the evidence for the 2 million population and the national direction of travel for cancer services. The direction of cancer as a strategy. What are the hurdles for trusts, how to plan for this. CRUK talk on rarer cancers. Workshop needs to hone down to 2 or 3 areas.

ACTION 7: MF to secure commitment from Sean Duffy to be keynote speaker in order to facilitate further planning of the event.

9. A.O.B.

- **Annual Report**

MA: annual report was produced by Senate and Area Team – still in draft format to be circulated in due course however it is hoped that next year the SCN would be invited to have more detailed input to this.

- **Academic Health Science Network (AHSN)**

BAL attended the Better Care Programme Board Meeting – the Cancer SCN is seen as partner for projects and the CSCN is now involved in dialogue re 10 chosen projects for this year, 1 of which is related to cancer.

Dates of Next Meeting: Thurs 3rd July 1.30pm – 4pm

Venue: Magdalen Centre, Oxford Science Park, Oxford

Future Meeting: Thurs 2nd October 1.30pm to 4pm Venue: TBC

Meeting closed: 15.55pm

Chairs Signature and Date: