Thames Valley Cancer SCN Steering Group Meeting

Thursday 3rd July 2014, 1.30 – 16:00
Magdalen Centre, Oxford Science Park, Oxford

FINAL MINUTES

Attendees	Role	Affiliation	Initials
Bernadette Lavery	Clinical Director - Cancer	TVCSCN	**BAL**
Anant Sachdev	GP Cancer Lead	Berks East CCG Federation	**AS**
Barbara Barrie	CCG Cancer Lead/Macmillan GP Facilitator	Berks West CCG Federation	**BB**
Bridget England	CRUK Primary Care Engagement Facilitation Manager	CRUK	**BE**
Helen Baker	OUH Cancer Manager	Oxford University Hospitals	**HB**
Ingrid Goodman	Macmillan Senior Development Manager	Macmillan Cancer Support	**IG**
Lindsay Whittam	Cancer Lead Clinician	Great Western Hospital	**LW**
Marion Foster	Quality Improvement Lead	TVCSCN	**MF**
Monique Audifferen	Cancer Network Manager	TVCSCN	**MA**
Nick Crowson-Towers	Deputy Chair Patient Partnership Group	TVCSCN	**NCT**
Richard Fisher	GP / Macmillan GP Facilitator	Swindon	**RF**
Steve Candler	Network Manager Domain 1	TVSCN	**SC**
Susanne Stewart	GP Cancer Lead	Oxfordshire CCG	**SS**
James Gildersleve	Cancer Lead	Royal Berkshire Hospital	**JG**
Julia Coles	Network Manager Domain 2/3	TVSCN	**JC**
Christine Campling	Lead for planned care	Aylesbury Vale CCG	**CC**

Apologies received	Role	Affiliation
Kath Brown	Deputy Cancer Manager	Great Western Hospital Swindon
Paula Jackson	Consultant in Public Health – Screening & Immunisations	TV Area Team
Raj Thakker	Clinical Commissioning Director for Planned Care	Chiltern CCG
Jo Wilson	Macmillan Consultant Nurse Practitioner Palliative Care	Wexham Park Hospital
Mark Middleton	Cancer Lead Clinician	Oxford University Hospitals
Mary Idowu	Cancer Manager	Wexham Park Hospital
Jackie Beaumont	Chair of Patient Partnership Group	TVCSCN
Jennie Davies	Cancer Manager	Milton Keynes Hospital
Louise Forster	CRUK Primary Care Engagement Facilitator	TVCSCN
Jonathan Smith	Head of Public Health Commissioning	TV Area Team
Sally Burnie	Head of Cancer Services & Lead Nurse	Milton Keynes Hospital

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

Action No.	Action	Who responsible	Status
1	Cancer SCN Team to write to Cancer Management teams and CCG contacts to encourage attendance	Cancer SCN Team	Completed
2	Jackie Beaumont to liaise with IG (Macmillan) re potential funding	JB	To be updated at the July Meeting
3	Monique Audifferen to facilitate introduction for Jackie to Val Woods via email	MA	Completed
4	Marion Foster to discuss with Jonathan Smith work in south east. Marion Foster/Bernadette Lavery to discuss with Jonathan Smith possible involvement of screening teams in undertaking routine mammography in first 5 years after treatment for breast cancer.	MF/BAL/JS	Ongoing
5	Marion Foster to circulate Audit of Emergency Admission Project information to the wider group	MA	Completed
6	Bridget England to do a brief to send to CCG Leads to notify them of the project	MA	Completed
7	Marion Foster to secure commitment from Sean Duffy to be keynote speaker in order to facilitate further planning of the event.	MF	Completed

Amendments to last minutes: none – signed off

Action points:

- Action 1 Complete
- Action 2 Agenda item – Macmillan have helped with a bid for a grant
- Action 3 Complete
- Action 4 Complete - meeting on 22nd July to meet with Public Health team
- Action 5 Complete
- Action 6 Complete
- Action 7 Complete

3. TV Cancer SCN Report

- **BAL** – the Oversight Group had requested and been given information relating to decisions around project prioritisation where projects from the original work plan have had to be put on hold e.g. due to funding decisions.
- **BE** - the project around Patients Diagnosed with Cancer following Emergency Admission is making good progress.
- **NCT** - Head and Neck recruitment for project manager post interviews scheduled for 10th and 18th July.
- **MA** - Urology project – has gone very well with repatriation completed as outlined within Phase 1. Phase 2 – awaiting national guidance before continuing.
- **MA** - Patient partnership involvement re the Task and Finish Group project – trust engagement is very slow, perhaps due to Trusts being involved in current round of Peer Reviews. Although the results of the next patient survey are expected to be released shortly, it is important for the project to press on and provider Trusts should provide sight of their actions plans in response to the previous surveys.

- **SC** – GP Facilitator posts for Oxford and Buckinghamshire to be recruited for – the process for recruiting within NHS England is causing some delays.

ACTION 1: Circulate full list of projects to group detailing why some projects are on hold.

ACTION 2: Provider Trusts to provide Patient Partnership Representative's with copies of Action Plans relating to National Patient Survey results where available. (Bucks for Skin, Milton Keynes for Urology, Oxford for Colorectal)

4. Cancer SCN Steering Group Strategic Direction 2014/15 and 2015/16 – due to the importance of this agenda item, we have tried to capture discussions in full.

- **Review of steering group purpose –** what have we achieved, what are we steering, are we reactive rather than proactive.
- **BAL -** Urology project has been strategic but time consuming, other projects have had to fit with funding available to SCN.
- What priorities do other organisations have? What do CCGs and provider trusts want to do in respect of cancer. What are our responsibilities in this?
- Steering Group need to be assertive and give a sense of direction.
- Need to take the user/public voice to determine what needs to be established and how services need to be designed.
- We will be expected to set some direction of travel but have we got a sense of the right direction to go.
- **IG** – it is a process of evolution and reflections, and how much authority do we have.
- **NCT** – should we set objectives and seek authority.
- **BAL** – we don't have authority, but can speak with authority.
- **SS** – should we be peer reviewing our commissioners – where are their gaps? Should be influencing commissioners.
- **RF** – our job may be around having an understanding of capacity and demand issues.
- **NCT** – our role is to take a wider view.
- **HB** – trusts need to look at different ways of working, also with peer review there is a feeling of loss of the network in bringing the groups together.
- **CC** – need to horizon scan to identify quality issues for improvement, review models of care in other countries, excellence of care. Missing the network in terms of identifying local issues. Horizon scanning to drive quality, planning where services are best delivered, on the ground partnership with commissioners as to how things can be done better.
- **JG** – with the limited funding available what services can we do without, what really needs to be done. Need to identify the most cost effective ways of doing things – projects need to integrate into a publically funded system. Need to work in partnership with charitable partners and other relevant sectors.
- **IG** – could look at what Macmillan can offer in terms of support for the future.
- **BAL** - we need to have a better understanding of what other stakeholders are doing.
- **SC** – care closer to home e.g. one possible example - should CNS's remain within provider trusts, would they be better placed in the community? There is a growing pressure for this to happen to release some of the pressure on secondary care. Steering group would be key in putting out this kind of idea. **IG** - Macmillan working with Prostate Cancer UK re access for stable cancer patients to a CNS within the community.
- **AS** – cancer is one of the important areas for CCGs to focus on with quality being key, what CCGs really want is leadership, from a governance and integration point of view. The authority the network had was in bringing together the various groups. CCGs would like someone to lead the way again, some marketing and territorial marking required. What can the network lead on to help CCGs. National agenda engagement. Need to get the balance right, don't deliver too much, understand short term priorities i.e. pathways development - governance led pathways that patients subscribe to. CCGs commission primary care services as well as secondary care services. **CC** – co-commissioning agenda is currently being worked out and will provide an opportunity for helping develop end-to-end pathways of

care.

- **AS** – prevention/early pick up aspect – data not always there to support some of these initiatives.
- **BAL** - what should we be doing differently – speaking with one voice, identifying problems, through experience and using data, using 1 and 5 year survival data at next meeting, incidence rates, stage at presentation (still struggling with this). Capacity and demand – projections of incidence rates i.e. urology project. **BB** – also do this for primary care – how support can be given.
- **BAL** - we need to be prepared to think radically, are we missing the point, limited resources will mean determining were to focus effort. As well as incidence and survival would be good to look at top 3 wish list for patients, public, CCGs etc.
- **NCT**– improving care of patients going from hospital into the community – need to know what's going on at local level before getting started.
- **BAL** – important to understand what needs to be distilled that may be applicable to other areas. Need to deliver something that is transformational and makes a difference.
- **SS** - SCN to act as a vehicle for benchmarking. **BAL** - England and Thames Valley average for data can be used for benchmarking.
- **AS** – whilst silo working can be useful, we can help broaden the views and understanding of wider issues.
- **SS -** people will be competing on a very busy CCG agenda although all CCGs will have cancer in their plans.
- **CC** – early diagnosis would have previously been led by the networks.
- **AS** – should be focusing on small number of priorities e.g. 2 or 3. The steering group/SCN should be leading on this.
- **BAL -** asked providers if it is reasonable to ask providers to bring aspirations to the table. **JG** - there is a mismatch at the moment but not sure how to work around it. **HB** – performance dominates trust and cancer management team focus, late referrals being a point in question, might be something the network could give support to. **BAL** - a forum for sharing of plans may make things easier to address.
- **BE** – asked if Thames Valley has a strategy for cancer? – need shared and agreed priorities.
- **RF** – are other SCNs any further forward – e.g. Swindon focus on EoL. Have any other SCNs got further with agreeing a strategy? **IG** - Wessex developing cancer strategy.
- **SC** – there needs to be challenge – issue of data, TV is average in terms of what's happening elsewhere in England but is average good enough, should we be aiming higher.
- **IG** – information about patient experience – map of variation – headlines on one sheet of A4.
- **MA** - members need to understand we are acting as a joint group this is not just an SCN task. Members also need to bring information to the group. **BAL** – we will provide data but would expect **CCG** colleagues to provide information about their approach to their priorities and also from provider trusts. Demographic, incidence, 1 year and 5 year survival data from SCN.
- **TOR review** – to be updated in light of discussions and tabled at the next meeting.

ACTION 3: SCN to provide a cancer dashboard broken down by CCG at next meeting

ACTION 4: Members to share their plans and priorities for discussion at the next meeting please

- CCG's
- Specialist Commissioners
- Provider Trust Cancer Leads
- Charitable Partners
- Patient Partnership Group

5. Brain Tumour Audit – initial findings

- **AS** – presented early findings to the group

ACTION 5: MF to circulate presentation to the group with minutes

ACTION 6: AS to complete the final report with recommendations including issues discussed at this meeting - to be tabled at the next meeting.

6. GP Facilitator Evaluation

- **SC –** presented evaluation findings to the group

ACTION 7: MF to circulate presentation to the group with minutes

ACTION 8: SC to investigate comparative conversion rates and report back at next meeting

7. Charitable Partners update

- **Macmillan Cancer Support – IG**
  - Macmillan is planning for their funding spend for 2015 now. Support may be given to projects with an element of innovation (not just replacing like for like), e.g. taking forward survivorship, psychology, head and neck – scoping project, end of life care, CAB funding, pancreatic cancer rise, CCG needs, information and support i.e. Maggie's Centres.
  - **IG** - to provide an electronic copy of Macmillan's 2014 Cancer document for circulation to Steering Group members.
  - **SC -** Macmillan have funded national CNS census – 94% return, currently cleansing the data. Demographic stuff around age, good response – concerns around retirement ages for CNS (55), most now nearing retirement so a real concern.
- **Cancer Research UK – BE**
  - National CRUK office are supporting the new Accelerate, Coordinate and Evaluate (ACE) programme – collaborative working between Macmillan and CRUK – expressions of interest will be sought from GP practices.
  - Cancer roadshow coming to Oxford for 1st time, Oxford Race for life on 13th July, Oxford Science Fair (Sept) and BMW mini plant in Oxford and Swindon – over 4,000 employees.
  - The Early Diagnosis Advisory Group (EDAG) had their third committee meeting on Friday 23rd May. The committee decided to fund 5 out of 8 applications, with a focus on inequalities in early diagnosis and one project with a focus on routes to diagnosis. The projects included research into help seeking behaviours of smokers, lung cancer patients, breast cancer patients with different socioeconomic backgrounds and the effect of the media's representation of cancer in older adults. One project is looking at factors contributing to colorectal cancer patients being diagnosed through emergency presentation.
  - Cancer Research UK's first Improving Outcomes Summit, 'twinned' with the 3rd NAEDI research conference – **Thu/Fri 26th/27th March 2015, Central London.**
  - Skin Cancer Campaign Pilot targeting men 50+ - areas of high incidence and mortality – Aylesbury pilot. Pilot to explore and gain insight as to what works, key messages etc. (Macmillan have already done a campaign with Costain targeting men who work on building sites).
  - The Stats team at CRUK are continuing to work with NHS England to analyse the Diagnostic Imaging Dataset (possibly linked to both HES and cancer registrations) to see if an increased use of diagnostic tests will lead to earlier diagnosis of cancer and therefore better outcomes for cancer patients.

ACTION 9: **IG** to provide electronic copy of Macmillan's 2014 Cancer document for circulation to Steering Group members. **MF** to circulate.

8. Network Clinical Groups update - rules of engagement

- **BAL** – SCN currently has agreement from all provider trust cancer leads for some funding to support the A & C infrastructure. Acceptance of the agreement documentation has been received verbally from most cancer leads and will be disseminated through cancer leads to their organisations in due course. (Post-meeting note – information has been sent out to all Trusts).
- Groups will become Provider Operational Groups (POGs) focusing on the speciality areas of former groups. They will have clear terms of reference and more focused work plans setting out clear expectations to enable them to be more productive. Expectations of work to come out of them will cover operational issues including update of protocols and guidelines. They will be the Steering Group/SCN's go to group for expert advice. The chairs of the groups will form the Clinical Expert Group providing expert advice. Members will be accountable to their trust cancer lead clinician, but the clinical expert group will be accountable to BAL. **IG** said there may be some funding available from Macmillan for leadership development for Clinical Expert Group members.

- Groups will have some admin support to help with setting up meetings. It is hoped to have agreed membership by end of summer and groups will then be up and running by September. **LW** enquired about venues for meetings to take place – **BAL** said the idea was that each trust offers to host a meeting in rotation. (Post-meeting note – if no trust venue available the SCN has a small contingency fund to support an occasional external venue).

- **AS** – it may be useful to have some primary care involvement e.g. for skin cancer, urology, could/would be crucial/useful. Feels this would provide dividends. Would be useful re referral or management issues relating to patients. Must move towards working together although not necessary for primary care to attend all meetings. **BAL -** The clinical expert group would provide the forum where CCGs and commissioners can attend. Important not to recreate silos.

9. A.O.B.

- **NICE guidance on prostate cancer – 12 week exercise program**. **SS** – asked if other CCGs are doing anything around this? **HB** said there are three aspects to this, Dexascanning, exercise, erectile function. Part of survivorship agenda. Public health engagement necessary. **BAL** – should this go to urology group? May need partnership working to help with this. Funding would be an issue. **IG** - Macmillan interested in exercise projects.

- **SCN Website** – will go live later in August.

- **JG** – at the recent rounds of peer review concern had been expressed by the clinical teams about the need for updating of video conferencing equipment updating. This had been an ongoing problem for some time especially as update of equipment across Thames Valley had been sketchy. There currently doesn't appear to be an agreed IT strategy for this provision across Thames Valley. SCN to explore further with Cancer Leads and establish if this is appropriate for discussion by the Quality Surveillance Group.

- **NCT** – pilot Patient Leadership Course which SCN are part-sponsoring – to be carried forward to next meeting

ACTION 10: SCN to ask Urology POG (once established) to review NICE guidance.

ACTION 11: CSCN to discuss with Cancer Leads and explore possibility of discussion at Quality Surveillance Group meeting.

ACTION 12: Nick Crowson-Towers to be put on next agenda.

Dates of Next Meeting: Thurs 2nd October 1.30pm to 4pm

Venue: Conference Room 1, Magdalen Centre, Oxford Science Park, OX4 4GA

Future Meeting: Thurs 15th January 2015 1.30 to 4.30pm Venue TBC

Meeting closed: 16.00pm

Chairs Signature and Date: