

## Thames Valley Cancer SCN Steering Group Meeting

**Thursday 2<sup>nd</sup> October 2014, 1.30 – 16:00**  
**Magdalen Centre, Oxford Science Park, Oxford**

### FINAL MINUTES

Attendees	Role	Affiliation	Initials
Bernadette Lavery	Clinical Director - Cancer	TVCSN	BAL
Aarti Chapman	Associate Director	TVSCN	AC
Anant Sachdev	GP Cancer Lead	Berks East	AS
Barbara Barrie	CCG Cancer Lead/Macmillan GP Facilitator	Berks West CCG Federation	BB
Bridget England	CRUK Primary Care Engagement Facilitation Manager	TVCSN	BE
Christine Campling	Lead for planned care	Aylesbury Vale CCG	CC
Helen Baker	OUH Cancer Manager	Oxford University Hospitals	HB
Ingrid Goodman	Macmillan Senior Development Manager	Macmillan Cancer Support	IG
Jackie Beaumont	Chair Patient Partnership Group	TVCSN	JB
James Gildersleve	Cancer Lead Clinician	Royal Berkshire FT	JG
Jennie Davies	Cancer Manager	Milton Keynes FT	JD
Laura Carter	CCG Planned Care	Oxfordshire CCG	LC
Marion Foster	Quality Improvement Lead	TVCSN	MF
Monique Audifferen	Cancer Network Manager	TVCSN	MA
Nick Crowson-Towers	Deputy Chair Patient Partnership Group	TVCSN	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
Suzie Dawe	Senior Principal Planning & Transformation	CSU	SD

Apologies received	Role	Affiliation
Gill May	Long Term Conditions Lead	Swindon CCG
Kath Brown	Deputy Cancer Manager	Great Western Hospital Swindon
Lindsay Whittam	Cancer Lead Clinician	Great Western Hospital
Mark Middleton	Cancer Lead Clinician	Oxford University Hospitals
Moez Dungarwalla	Cancer Lead Clinician	Milton Keynes FT
Nesson Carsan	Long Term Conditions Lead	Milton Keynes CCG
Nick Bates	Cancer Lead Clinician	Bucks Healthcare Trust
Raj Thacker	Clinical Commissioning Director for Planned Care	Chiltern CCG
Sally Burnie	Lead Cancer Nurse	Milton Keynes FT
Jonathan Smith	Head of Public Health Commissioning	TV AT
Julia Coles	Network Manager Domain 2/3	TVSCN
Andy Protheroe	Clinical Co-Director	Thames Valley and South Midlands Research Network

**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 as accurate.

Action No.	Action	Who responsible	Status
1	Circulate full list of projects to group detailing why some projects are on hold.	Marion Foster/Monique Audifferen	Completed
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)	Helen Baker/Jen Davies/Janet Linacre	Ongoing
3	SCN to provide a cancer dashboard broken down by CCG at next meeting	Bernadette Lavery/Monique Audifferen	Agenda item
4	Members to share their plans and priorities for discussion at the next meeting please - CCG's - Specialist Commissioners - Charitable Partners - Provider Trust Cancer Leads - Patient Partnership Group	All	Agenda item
5	MF to circulate Brain Tumour Audit presentation to the group with minutes	Marion Foster	Completed
6	AS to complete the final report with recommendations including issues discussed at this meeting - to be tabled at the next meeting.	Anant Sachdev	Agenda item
7	MF to circulate GP Facilitator Evaluation presentation to the group with minutes.	Marion Foster	Completed
8	SC to investigate comparative conversion rates and report back at next meeting.	Steve Candler	Agenda item
9	IG to provide electronic copy of Macmillan's 2014 Cancer document for circulation to Steering Group members. MF to circulate.	Ingrid Goodman/ Marion Foster	Completed
10	SCN to ask Urology POG (once established) to review NICE guidance.	Cancer SCN	Ongoing
11	CSCN to discuss with Cancer Leads and explore possibility of discussion at Quality Surveillance Group meeting.	Cancer SCN	
12	Pilot Patient Leadership Course – carried forward to next agenda.	Nick Crowson-Towers	Agenda item

**Action points:**

An additional action relating to the breast follow-up pathway was not included in the actions list however that has been completed.

**Pilot Patient Leadership training programme:** NCT –TVSCN with AHSN are major drivers and sponsors of the pilot and the objective of the programme is to raise the game of patient and public involvement and aiming for changes in attitude, knowledge and behaviour. Has attracted representation from a wide breadth of stakeholders. Leadership Training programme aimed at patient reps and professionals runs for 4/5 days over a period of several months and includes role play and role reversal exercises as well as managing difficult situations and providing an understanding of the NHS. Gives an understanding of what patient leadership is and the one-to-one coaching is very useful. The pilot programme has been externally assessed and has shown clear need to invest in patient leaders, with formalised job descriptions and person specifications. More funds are available to continue these courses and it is the only professional course of its kind in the country. **AS** asked if there were cultural representatives on the course as it would be useful for sharing insight into cultural issues which would add real value to the pilot. **SC** said learning disabilities would be involved and other groups.

**3. TV Cancer SCN Report**

- **BAL** – Urology Project is currently on pause and subject to a specialist commissioning review. Cystectomies have been repatriated to Reading. Outcomes data and prospective audit showed no concerns. Mediation has gone well. Wexham are now part of Frimley Health as of 1<sup>st</sup> October. Unclear about directions of patient referral pathways at present. Senate involved in work looking at impact of possible changes (to more than just cancer pathways)
- **SC** – GP Facilitators – still not recruited to Oxford or Bucks, Oxford application is in the pipeline. Bucks post will require further effort to appoint to. Macmillan have confirmed they would commit funding for a Milton Keynes GPF in their funding plans.

**4. SCN information sources for primary care:** **MA** - feedback required. When content agreed this will go on to the TVCSCN website. Would also be circulated to CCGs for mention in their Newsletter and for dissemination by them. **AS** – suggested that the Macmillan cancer decision tool could be added into the document. To be updated/refreshed once a year.

**5. SCN intelligence report:** **BAL** – explained background to what has been produced and why. Data in the report is in the public domain so it will go onto the website when completed. **MA** – some data is old so awaiting updated information. Need to consider do we have the right key questions in the report and is the data right, does it tell people what they need to know to make decisions, is anything missing, how much is needed and how often? Questions to be rephrased to be open-ended. **AS** - feels it very powerful information as overview – challenges will be how to reflect on it and how the SCN supports those who don't want to reflect on their performance. Should be a shared view to decide what and where there needs to be focus and the Steering group would help to define priorities for cancer. **CC** – look at areas not done so well and the ability of CCGs to move that indicator to help bring about improvements. Should inform Stakeholder plans and priorities. Do the questions give a sense of how priorities need to be planned? **JG** – need to understand what good information is available nationwide re comparators – ie comparable SCN areas or CCGs. Capitation funding v outcomes is important to consider. Should ask 'across TV is there acceptable/unacceptable variation' and then look at comparable data from sensible comparator. Any other questions to be added?. Are we getting our fair share of the cut of the cake in terms of national funding – this could be used to highlight reasons for variations – spend per head – broader basis in terms of outcomes. **MA** – what are we missing? **IG** – each member to focus on their area of interest - are there any surprises and priorities? **BAL** - how frequently would group find the report useful and what is data is most useful. **HB** suggested to update/refresh the report annually.

How is the SCN going to help the CCGs in developing their work plan. What would the SG like to see CCGs put into their plans?

**ACTION 1: feedback required from all – end of October 31<sup>st</sup> to Monique - MA to clarify in an email what she needs specifically from group members in terms of feedback.**

## 6. Charitable partners feedback

- **Macmillan -IG** currently planning for 2015. Lung complex case management project plus other projects. TYA psychology – just appointed a Band 7 not yet in post. CAB project. End of Life care matrons. Berks a priority area. BHT & WPH – special measures – need to support staff as priority.

**See Appendix A**

- **CRUK** - ..**BE** – 13<sup>th</sup> October to 23<sup>rd</sup> November ‘blood in pee’ campaign, January 2015 Oesophagastric campaign. Impact of early diagnosis findings. Undertaking the annual survey – cancer awareness measure and public attitudes. Findings will be available in January and hope to inform local actions and focus. A number of events in the Autumn – see Appendix B for details. CRUK/NCIN partnership – pilot on lung cancer and also looking at 10 different cancers. Diagnostic imaging data set to see if earlier diagnosis will help cancer. BE to find out if available nationally. **See Appendix B**

**ACTION 2: Circulation of charity partners updates – See Appendices A and B**

## 7. Conference update

Have secured 3 x national and 3 x local speakers for the event. Broad range of stakeholders have already registered.

## 8. Brain Tumour Audit

- **AS** – explained findings from his use of the **Validation tool** which is criteria led for primary care GPs to determine appropriate referral for imaging – the tool demonstrated that it picked up all cases diagnosed with brain cancer so would be useful as guidance for GPs. He has developed a draft referral form which would be useful for a provider to trial.
- **Next steps:** to understand how this audit might tie in with national findings and CRUK project. Swindon and Bucks currently have direct access to imaging. Validated tool will help focus on patients for referral and would using the validation tool promote faster referral practice? . Next challenge to share with CCGs. **AS** to write-up report with next steps and ask Puneet Plaha, Neuro-oncology surgeon to trial the validation tool for 3 months to form recommendations. **BAL** to link AS up with CNS Group. **AC** suggested it may be useful for **AS** to link with Headache pathway project being undertaken by the Mental Health & Dementia SCN.

**ACTION 3: AS to write up as report. BAL to facilitate link to CNS clinical group and Neuro/Mental health SCN.**

- 9. GP Facilitator Evaluation update: SC** - graphs are looking at number of confirmed cancers as percentage of whole practice population, there is a slight difference when comparing Bucks and Milton Keynes to other counties. As percentage of 2ww referrals there is a slightly different picture. Is the picture in Bucks and Milton Keynes suggestive of missed cases? **AS** highlighted that there are variable pathways and need to understand those. **BAL** said an urgent action for reformed Provider Operational Groups will be to update their previously agreed pathways.

**ACTION 4: Circulate Steve Candler’s handout with meeting notes. See Appendix C**

## A.O.B.

- 10. POGs and how steering groups link** – Clinical Expert Group representative(s) are to attend steering group to present issues or raise specific items, either at their own request or at the request of the Steering Group. Groups will be up and running within couple of months.

- 11. Performance targets event 20<sup>th</sup> November** – south region are hosting a day aimed at commissioners and providers using a refresh of the Cancer Commissioning Toolkit. Focus will be how to deal with patients referred who are not able to/or are not prepared to take appointments which is impacting on provider trusts in breaching targets. Bucks GPs have been asked to refer their patients when they are ready to be seen. GPs should have an up-front discussion with patients to explain the importance of attending when placed on 2ww pathway & confirm that they are prepared to be seen within 2 weeks, explaining this is the

process. If patients are not available GPs have been requested to hold back referring until patients are available and patients are responsible for notifying when they are back from leave etc. General discussion about medical responsibilities around this complicated issue. **CWT – patient decision factor a high proportion for breaches/unfit for medical reasons.**

**Dates of Next Meeting: Thurs 15<sup>th</sup> January 2015 1.30 to 4.30pm Venue TBC**

**Future Meeting: Thurs 23<sup>rd</sup> April 1.30 – 4.30pm - tentative**

**[ACTION 5: Doodle poll for next date April or early May.](#)**

**Meeting closed: 16.40pm**

**Chairs Signature and Date:**

## Appendix A

### Draft high level focus for Macmillan across Thames Valley 2015 IG Sept 29<sup>th</sup> 2014

<p><b>All areas:</b></p> <p>Aligning priorities with CCG's, and HWBeing Boards, Local Authorities.          Enabling and supporting Healthwatch.          Addressing issues from Cancer Patient Experience Surveys.          Developing user involvement + accessing grants + Self Help and Support Groups.          Addressing inclusion issues eg rare cancers Head + Neck.          Supporting CAB's to develop sustainable model and funding.          Supporting posts previously funded with MDM support, L+Development, and service reviews.          Learning and developments for PABC, carers, staff eg accessing grants, events, courses, action learning sets, mindfulness, support and more.          Access to appropriate psychological support.          Enabling survivorship.          Scoping and addressing unmet needs for PABC with learning Disabilities.          Developing new physical activity projects.</p>	<p><b>North Buckinghamshire</b></p> <p>Milton Keynes a priority area.          Aligning priorities with CCG.          Consolidate recent investments eg EOLC.</p>
<p><b>Oxford</b></p> <p>Aligning priorities with CCG and LA.          Consolidate recent investments eg</p> <ul style="list-style-type: none"> <li>• Breast reconstruction</li> <li>• Prostate survivorship service.</li> <li>• TYA</li> <li>• Supporting posts previously funded with MDM support, L+Development,</li> </ul> <p>Develop OPAAL partnership.          ?GP Masterclasses          Armed forces unmet need – continue.</p>	<p><b>South Buckinghamshire</b></p> <p>Aligning priorities with CCG.          Consolidate recent investments eg Breast care redesign post, Cancer Care Facilitator posts with New Bucks University - supporting a Trust in/close special measures, the staff , the patients and their families.          Developing Macmillan Buddying and Befriending Volunteering Service if able to recruit volunteers.</p>
<p><b>Berkshire</b></p> <p>Consolidate recent investments eg          Rolling out Wellbeing programme across Berkshire, sustain service supporting older people with cancer, sustain palliative care pilot, implements pastoral care posts HWPB for staff and patients/carers- linked to Frimley Park acquisition.          Continue Macmillan Buddying and Befriending, and Work Mentoring Volunteer Services.</p>	<p><b>Swindon</b></p> <p>Consolidate recent investments eg AOS posts, support workers.          Sustain breast redesign.          Wellbeing roll out.          Clarify radiotherapy plans ?information point.</p>

## Appendix B

### **CRUK Organisational Update for Thames Valley SCN 2<sup>nd</sup> Oct 2014.**

#### **Be Clear on Cancer:**

- On 18 September, Public Health England, Department of Health and NHS England announced their plans to run a **national oesophago-gastric Be Clear on Cancer campaign**. The campaign will start on **26 January** and run for four weeks until the end of February 2015. The decision is based on encouraging results from the regional oesophago-gastric pilot which ran in the Northern England SCN area from February to March 2014.
- The **national 'blood in pee' Be Clear on Cancer campaign** is due to launch on the **13 October**, and will run until 23 November 2014.

#### **Early Diagnosis:**

- The report CRUK commissioned from **'Incisive Health'- saving lives, averting costs** - is now live - [http://www.cancerresearchuk.org/sites/default/files/saving\\_lives\\_averting\\_costs.pdf](http://www.cancerresearchuk.org/sites/default/files/saving_lives_averting_costs.pdf)

It indicates that 46 per cent of cancers in England are diagnosed at an advanced stage, when they are harder to treat successfully, and suggests that if all areas diagnosed cancers as early as the best in England, for four types of cancer alone, this could save the NHS over £44 million in treatment costs and benefit over 11,000 patients each year. The report looked at colon, rectal, lung and ovarian cancer. You can also read about it on our blog:

<http://scienceblog.cancerresearchuk.org/2014/09/22/saving-lives-and-averting-costs-the-case-for-earlier-diagnosis-just-got-stronger/>

#### **Local Influencing:**

- A joint letter from Chief Execs from Macmillan and Cancer Research UK went to local leads involved in setting annual Commissioning Intentions, including commissioners, Directors of Public Health and Chairs of Health and Wellbeing Boards. The letter outlined four of CRUKs cancer priorities, including the importance of early diagnosis, and were tailored with regional stats. **CRUK will be sending a follow up letter to offer commissioners access to CRUKs local stats info and support as they continue to draft their Commissioning Intentions, along with more localised cancer stats.**

#### **Health Information:**

- The spot cancer early leaflets (for men and women and the smaller wallet card) have been updated and will be available soon. As well as factual updates, the content has been trimmed down and simplified and more icons and images have been added. There is also now a section featuring "tips for visiting your doctor". When available they will be available for downloading or ordering from the CRUK website. The web address is [www.cancerresearchuk.org/leaflets](http://www.cancerresearchuk.org/leaflets)

#### **Health Evaluation:**

- The Cancer Awareness Measure is a public survey carried out by CRUK which aims to assesses how much people know about cancer signs, symptoms and risk factors and what might put them off seeing the doctor. The survey helps CRUK to see whether knowledge is changing over time and whether CRUK campaigns to raise awareness are having an impact and where future efforts should be focused. The Survey is undertaken bi-annually with 2000 people from across the UK and is led by CRUKs Health Evaluation Team.

**This year's Cancer Awareness Measure has been commissioned and will run in October and November and the data will be available in Jan.** This year we have made some changes to the existing perceived barriers to seeing the doctor items and added some additional items to help us understand potential barriers in more detail

- Analysis of the bowel cancer screening campaign has now begun with the hope that some early findings to share at the beginning of October.

## Health Marketing: Health Professionals:

- Doctors.net programme of content proposed to include early diagnosis content: series of opt in 'messages' on urological cancer, lung cancer, colorectal cancer, gynaecological cancer; e learning modules on early detection of oesophageal cancer in primary care and early detection of pancreatic cancer in primary care; practical support e.g. GP facilitator info, RAT) – all to be contained in new-look Cancer Insight Centre sponsored by CRUK
- £145k funding from DH as part of the Voluntary Sector Improvement Programme (Excellence stream) approved for development of an oral cancer referral decision aid for doctors and dentists, building on learnings from GP skin cancer toolkit.
- Next Royal Marsden event 24<sup>th</sup> Oct features brain, head and neck cancer with speaker David Konig (NICE fellow, GPSI, RCGP lead).

## Policy

- The 'cancer services' report – now entitled '*Measuring Up? The Health of NHS Cancer Services*' was launched in early September.

## Primary Care Engagement Team

- The next RCGP/CRUK Cascade Programme for GP Cancer Leads will be held on 23 October in Birmingham. Topics include the role of aspirin in the prevention of cancer, leadership and influencing behaviour change. **Please promote with GP Cancer Leads**

## CRUK Stats Team

- CRUK-NCIN Partnership
  - Project to establish the potential impact of early diagnosis in terms of survival across a range of cancers has begun with an initial pilot for lung cancers. The team hope to look at ten different cancers and publish a report before the NAEDI conference next year
- Diagnostic Imaging Dataset project (work with NHS England to analyse the diagnostic imaging dataset to see if an increased use of diagnostic tests will lead to earlier diagnosis of cancer and therefore better outcomes for cancer patients)
  - Initial analysis conducted with data currently available and discussed at meeting involving Sean Duffy and Erika Denton. Waiting on linked data to continue analysis.
- Involvement in a project investigating how much of the deprivation gap in survival can be attributed to differences in stage at diagnosis by deprivation - a collaboration with Yoryos Lyratzopoulos, Mark Rutherford, Paul Lambert and others.



## Appendix C

### GP Facilitator Evaluation update

	Practice Population (or summed practice populations for CCG and England)	New Cancer Cases	Two-week wait referrals	Two-week referrals with cancer	New Cancer Cases as % of Practice Population	Two-week Wait referrals with Confirmed Cancer as % of Practice Population	Two-week Wait Referrals with Confirmed Cancer as % of Two-week Wait Referrals
Berkshire	70168	330	1388	139	0.47%	0.20%	10.01%
Swindon	62995	328	1360	131	0.52%	0.21%	9.63%
Oxfordshire	70964	364	1201	143	0.51%	0.20%	11.91%
Buckinghamshire	65580	262	1121	117	0.40%	0.18%	10.44%
Milton Keynes	76482	297	1267	125	0.39%	0.16%	9.87%

