East Of England Cancer Alliance Board Meeting

Chaired by - Dr Rory Harvey

Monday 3 July 2017 – Novotel, Stansted Airport

MINUTES

Attendees

Carol	Anderson	Mid and South Essex STP
Ruth	Ashmore (RA)	East of England Specialised Commissioning
Graham	Betts	Cancer Research UK
Sarah	Brierley	Hertfordshire and West Essex STP 3
Sam	Brown	East of England Strategic Clinical Network
Lindsey	Cook	Patient rep
Mark	Davies (MD)	Norfolk & Waveney STP
Tonia	Dawson (TD)	East of England Strategic Clinical Network
Donna	Derby	Bedford, Luton & MK STP
Finola	Devaney	NHS Improvement
Rory	Harvey (RH)	Bedford Hospital NHS Trust
Peter	Holloway	Primary Care Cancer Forum
Susannah	Howard	Suffolk and North East Essex STP
Alastair	Lipp	NHS England (Midlands and East (East))
Chrissy	Marshall	Patient rep
Neeta	Masih	Cancer Alliance
Richard	McDonald (RM)	East of England Specialised Commissioning
Joy	Moulton	Macmillan
Dr Abdul	Razaq	Public Health (Local Authorities)
Donna	Reeve	Cancer Research UK
John	Reeve (JR)	Patient rep
Kevin	Roos	East of England Strategic Clinical Network
Christopher	Scrase (CS)	Suffolk and North East Essex STP
Justine	Thompson	East of England Strategic Clinical Network
Srilatha	Vijay	East of England Strategic Clinical Network
Susan	Watkinson	Cambridgeshire & Peterborough STP
Dean	Westcott	NHS West Essex CCG
Jennifer	Yip (JY)	Public Health England

Apologies

Louise	Browning	Cancer Research UK
Melissa	Derwent	East of England Strategic Clinical Network
Victoria	Doyle	East of England Strategic Clinical Network
Carol	Ord	East of England Strategic Clinical Network
Sarah	Steele	East of England Strategic Clinical Network
Audrey	Foster	Health Education England
Boyd	Mullins	Health Education England

	Kate	Lancaster	Hertfordshire and West Essex STP 1	
	Rukshana	Kapasi	Macmillan	
	Emma	Sweeney	Macmillan	
	Dr Pippa	Corrie	National Institute for health research	
	Kath	Jones	National Institute for health research	
	Georgie	Brown	NHS England	

2. Minutes of the Meeting – 10 May 2017

The draft minutes v0.1 were approved.

It was requested that draft minutes be circulated a maximum of two weeks after future meetings

3. STP Update and Work Programmes

62 day Delivery Plans received from all STP's except Mid & South Essex.

a) Suffolk & N E Essex

Locality group with broad stakeholder base has had four meetings to date. Delivery Plan submitted to NHS England, task now to make the locality group more proactive in turning high level strategy document into working programme of transformation. One provider in this locality considered "Materially Challenged" in the 62 Day recovery project.

b) Cambridge & Peterborough

Programme Manager (PM) appointed, and since the Job description for clinical lead circulated have had some applicants. Terms of Reference agreed for locality group. Delivery Plan submitted but lack of granularity has left some stakeholders feeling excluded from the process.

c) Hertfordshire & West Essex

The alien geography of this STP has made operationally distinct areas find ways of working together and coalesce in the Locality Group. PM appointed & applications received for Clinical Lead position. As Patient Experience has a red flag in this STP, a mapping process of patient involvement is being undertaken with the goal of patients being major contributors to Transformation process.

d) Mid & South Essex

Terms of Reference and Governance framework established for Locality Group. The three Trusts in the STP have agreed to combine Cancer Services under a single Programme Director in response to all three being "Materially Challenged" within the 62 day recovery project. PM appointed, and Trust Clinical Lead may assume STP role. It was flagged that Southend remains unlikely to achieve 62 Day Target by September.

e) Norfolk & Waveney

Following PM interviews, no appointment was made. Locality Group Delivery Plan submitted, and a revised cancer strategy has been agreed to improve provision in line with national guidelines. Extra resources committed to 62 day project to ensure compliance in July.

f) Beds, Luton & Milton Keynes

A programme manager has been appointed and a draft work programme submitted. A meeting with representation from all providers has taken place successfully.

ACTION:

- **The Network team will review and feedback on all locality plans by the end of July.** — PMO

4. 62 Day Recovery Plan

The Transformation Bid funding will be awarded in two phases dependant on the success of the 62 Day Project as determined by the Regional Oversight Group. There

	is a direct link between its success and the ability of CA to deliver its work programme by receiving funding. The EoE has a 10%+ breach rate across the region, the worst in NHS England, and rapid and profound action required. It was agreed that published site specific pathways are central to cancer service management, as are Patient Treatment Lists to give real time data on patient progress through pathways. Patients will be joining pathways now that must achieve 62 day target by September. **The Central Midlands 62 Day Recovery Plan and East of England 62 day Recovery Plan were approved by the board** **CS** – Stated that some of the stats are misleading and a culture change away from MDT reliance needs to take place. **CRUK** – Pathways can be relied on and detailed MDT discussions rarely necessary. **RM** – If breaches of 7 days or less were resolved, the 62 day target would be reached. **MD** – Prioritising cancer Services has a cost for other diseases within the trust. At NNUH has benefitted from NHS I support and input from their Intensive Support Team under Nigel Combe. **RH** – Primary Care Referral criteria should not be overly scrutinised by providers as a method to control activity.	
5.	**Patient Advisory Board** **JR** presented report from Patient Induction Day, attended by a healthy variety of delegates. Underrepresentation from BME and CYP remains an issue, however. It was felt there is momentum in the Patient process that needs ongoing encouragement via enhanced communications – and a CA website is central to that.	
6.	**Finance Report** Funding has yet to arrive for anything outside PMO recruitment, but procedures in place for distribution once received.	
7.	**Transformation Bid** Submission of FIT testing early diagnosis bid will take place on Wednesday following previous agreement by the board that it is a priority. The goal of more tests, less emergency referral and lower staging will rely on the process becoming embedded in GP practices as a part of adapted NG12 Low Risk Symptom Pathway. Prostate Pathway – This proposal has 2 components; the roll out of multi-parametric MRI to exclude cancer – potentially 25% fewer men will require a biopsy, and instituting a change in the pathway – risk stratification by day 28, low risk men would then come off the 62 day pathway. The use of pilot sites will allow an assessment of impact on capacity, training and work force to be made by September 2017. Recovery package – current resources allow the project to commence with Cancer Alliance support in 3 of the STP footprints. **RH** – Focus with 62 day recovery package is on performance, but the broader Alliance agenda of transformation needs to retain its profile and momentum.	
8.	**Cancer Alliance Resource Plan & Recruitment** The resource plan shown is awaiting sign off by NHSE East who will host the PMO. The proposed budget for 2018 – 2019 has shown that recruitment into the Cancer Alliance PMO may need to be limited to a point where delivery of key strategic objectives is put in jeopardy. In light of this, Macmillan have agreed to grant exceptional funding as a strategic partner, allowing an enhanced recruitment plan with the aim of delivering improved Cancer Services.	

9.	**Breach Reallocations** Up to 25% of 62 day breaches are attributed to inter-trust referral procedures, and it is felt referral deadlines fail to take into account particular needs of different tumour site pathways. It is proposed to vary the referral deadline to a range of 28 – 38 days depending on tumour site to reflect differing diagnostic needs in order to help deliver the 62 day target for patients. **RM** – It is not just inter-trust referrals that breach, internal single trust processes can also be to blame. The new referral times have had the input of regional NCG's at a clinical level, and the support of NHS I. **ACTION –** 1. **Breach reallocation report and proposal to be circulated with the minutes** 2. **All STP's to have agreement from all stakeholders that new referral deadlines are acceptable and to be agreed at the next meeting, 13 September 2017**	KR ALL STP's
10.	**Priority Pathway Audit** CN/CA PMO's have interviewed all trusts in the EoE to assess response and status relating to suggested High Impact Actions released in 2016, and thereby create a RAG status for each trust across the four highest risk tumour site (Prostate, Lung, Upper & Lower GI). For 62 day target to be achieved, pathways may have to evolve from aspirational to mandatory, and the RAG status helps demonstrate where aspirations are not proving to be a sufficient incentive to adopt best practice. **ACTION -** - **Best Practice Audit to be circulated, with back up data/questionnaire responses sent for specific trusts/STP's on request** - **RAG status to be updated based on ongoing Cancer Waiting Time returns from trusts, and re-circulated before end of July.**	KR PMOs
11.	**Clinical Board Progress** The Clinical Board, alongside the recruitment process for Clinical Leads, is still at an evolutionary stage.	
12.	**AOB** **JY** – PHE England are working to provide a coordinated information package to Cancer Alliances with localised STP packages. Locality groups should engage with JY if they have any specific requests for data matrices to support their work programmes. **RA** – Radiotherapy review is now open to wider consultation on a re-design of RT services and a capital investment programme. **ACTION –** - **STP Locality Groups to feed RT responses back to the Cancer Alliance where they will be coordinated without the loss of local emphasis.** It is hoped this process will provide a template for future consultations. **RH** – A meeting has taken place with AHSN to be followed by a further meeting in September. The engagement of the research community remains a priority for the CA. **PH** – The focus of the PCG remains the "Two week wait" referral process.	ALL STP's
13.	Date of Next Meetings – (2pm) - Wednesday 13 September 2017 - Monday 4 December 2017	