

East Of England Cancer Alliance

Clinical Advisory Board (CAB)

Chaired by - Dr Rory Harvey

Thursday 18 January 2018 – Newton Room, Victoria House

MINUTES OF THE MEETING

Attendees		
Jodi	Betts	Cambridge University Hospital NHS FT
Amos	Burke	Cambridge University Hospital NHS FT
Anna	Clayton	Bury Physiotherapy
Kay	Elliott (KE)	Bedford, Luton & Milton Keynes STP
Mary	Emurla	Director, Cancer Alliance
Hugo	Ford	Cambridge University Hospital NHS FT
David	Gilligan (DG)	Papworth Hospital
Rory	Harvey (RH)	Chair, Cancer Alliance
Peter	Holloway	Chair, Primary Care Group
Linda	Hunter	Norfolk and Waveney STP
Joe	Kerin	Specialised Commissioning
Vivek	Kumar (VK)	Chair, Norfolk & Waveney Urology NCG
Linda	Mahon-Daly	Macmillan GP Facilitator
Karen	Mc Adam	Cambridge University Hospital NHS FT
Donald	Mc Geachy	Interim Clinical Lead, Mid & S. Essex STP
Gini	Melesi	Cancer Alliance
Christine	Moss	Herts & West Essex STP
David	Plume	Primary Care Group
Kevin	Roos	Cancer Alliance
Dr Eileen	Rubery	Patient and Public Voice Representative
Christopher	Scrase	Ipswich Hospital
Samir	Shah	Basildon and Thurrock Hospital
Justine	Thompson (JT)	Cancer Alliance
Phillip	Wingfield	Patient and Public Voice Representative
Jennifer	Yip	Public Health England
Apologies		
Debbie	Adger	Herts & West Essex STP
Sam	Brown	Cancer Alliance
Sally	Cartwright (SC)	Public Health England
Pippa	Corrie	Clinical Research Network Eastern
Tonia	Dawson	Cancer Alliance
Victoria	Doyle	Cancer Alliance
James	Hernon	Norfolk & Norwich Hospital NHS FT
Wai	Lup Wong	East and North Herts NHS Trust

	Richard	McDonald	Specialised Commissioning	
	Carol	Ord	Bedford, Luton & Milton Keynes STP	
	Emma	Sweeney	Colchester University Hospital	
	Sophie	Wahlich	Mid Essex Hospital Trust	
2.	Minutes of the Meeting 16 November 2017 were approved. Matters arising – <ul style="list-style-type: none"> - The Radiotherapy Review deadline was extended, with final submissions being sent before 25 January 2018. Action – <ul style="list-style-type: none"> - Final Cancer Alliance Radiotherapy Review submission to be circulated to members of the CAB 			KR
3.	Terms of Reference Draft v0.7 was approved as the final terms of reference			
4.	Cancer Alliance Update Two constituent STP's are to receive Q4 2017/2018 Transformation funds following 62 day treatment target performance. Two STP's – Mid & South Essex (<i>Lung</i>) and Herts & West Essex (<i>Lung and Prostate</i>) – are to receive direct pathway improvement funding due to their being in the bottom quartile nationally for 62 day CWT delivery. These funds must be spent in this financial year, so STP's must have detailed plans in place for immediate dispersal of the funds on transformation project delivery. It is forecast that all EoE STP's will deliver the 62 day target in or before March 2018, and the CA will work with those STP's to help access transformation funding. Action: <ul style="list-style-type: none"> - STP clinical leads to work with locality groups to develop transformation plans. PMO to provide Clinical Leads with project briefs and details of projects. Clinical Leads from each STP to enable sharing of learning and documents 			STP Clinical Leads & PMs
5.	Leadership of the CAB The main CA Board has determined that one of the STP Clinical Leads should chair the CAB. It was agreed that a co-chair should also be appointed. Terms to be agreed with applicants and appointees Action – <ul style="list-style-type: none"> - RH to write to STP Clinical Leads for expressions of interests 			RH
6.	Prostate Pathway Review VK on behalf of the Urology NCG's and the Norfolk and Waveney STP cancer locality group outlined changes to the Prostate Pathway (see presentation sent with these minutes). Diagnostic emphasis is switched to multi-parametric MRI prior to biopsy subject to the criteria laid out in the presentation. In addition there is an ambition to change the pathway to risk stratify patients by 28 days with low risk men coming off the 62 day pathway in recognition of the significant risk of over treatment in this group. It was recognised that this will require agreement regionally and nationally. Further discussion took place around the number of PSA test before referral into secondary care was indicated. Whilst 2 tests are warranted in some circumstances it was acknowledged that NICE guidance indicated a single test was sufficient. The CAB agreed to support the guidance from the Primary care group. The CAB supported in principle the proposed changes to the Prostate Pathway. Further consideration needs to be given to –			

	<ul style="list-style-type: none"> - The safety netting of those who are taken off the pathway - This is a component of the Alliance transformation programme and as such will be rolled out across the footprint as funding is released - The effects on radiology need to be considered to determine if there is sufficient diagnostic capacity in the system. - If there will be a disproportionate effect on primary treatment centres - Clarity from the national team that revised pathway does not breach Cancer Waiting Times regulations <p>Action –</p> <ul style="list-style-type: none"> - The revised prostate pathway to be considered by the Patient Advisory Board prior to implementation, and patient representation to be ensured on any planned steering or project delivery group - PMO to raise revised Prostate Pathway with regional and national policy teams - Primary Care Group to agree guidance on PSA testing 	<p>JT</p> <p>PMO</p> <p>PCG</p>
<p>7.</p>	<p>Lung Pathway Review</p> <p>DG outlined his concerns that challenges to the Lung Pathway are being addressed in a fragmented way across the EoE, and the input of the lung NCG's should be central to any projects and research.</p> <p>Current activity includes a PHE Lung Pathway Analysis led by SC, individual projects at STP level (including N & W) and the central Projects in the Transformation bids.</p> <p>Primary challenges to improved outcomes –</p> <ol style="list-style-type: none"> a) Radiology provision, particularly thoracic and PET CT b) Endo Bronchial Ultrasound service c) Access to Lung Cancer Specialist Nurses <p>KE – with an 80% mortality rate on the Lung Pathway, focus should be “upstream”, to get patients treated sooner</p> <p>Action –</p> <ul style="list-style-type: none"> - The Cancer Alliance through the CAB will coordinate lung pathway projects, constructing a network of stakeholders aimed at sharing intelligence, identifying issues and implementing change. 	<p>PMO</p>
<p>8.</p>	<p>NCG Structure and Organisation</p> <p>RH – The map of the Alliance network clinical groups was discussed. The Alliance commitment to NCG's as driver of clinical engagement is absolute and the support of the CA team explicit. For several of the tumour groups; lung, urology and colorectal this will be through the transformations programme.</p> <p>It was agreed that NCG actions can be escalated through STP Clinical Leads with the support of CA Quality Improvement Lead. The STP clinical leads to contact NCG leads based in their STP to discuss the Alliance, the CAB and the escalation process</p> <p>Action –</p> <ul style="list-style-type: none"> - Clinical Leads to contact their regional NCG's to promote better communication - PMO to provide details of NCG leads to STP clinical leads - Primary Care representatives to be mapped to NCG's via the Primary Care Group - Contact details for NCG Chairs to be circulated with the minutes 	<p>STP's</p> <p>PCG</p> <p>KR</p>
<p>9.</p>	<p>Any Other Business</p> <p>The first phase of a national cancer workforce plan has been released. The cancer network will work with HEE to produce an Alliance plan. Phase 2 is out for consultation, details of which can be found at https://www.hee.nhs.uk/our-work/planning-</p>	

	<p>commissioning/workforce-strategy/cancer-workforce-plan</p> <ul style="list-style-type: none"> - JT to produce a paper on metastatic disease for next board meeting - CADEAS have produced Cancer Alliance data sets, and with further recruitment of data analysts planned more detailed and specific Data sets are anticipated. <p>Action –</p> <ul style="list-style-type: none"> - East of England cancer data set to be circulated to CAB members - HEE workforce document and phase 2 consultation to be sent with the minutes 	KR
10.	<p>Date of Next Meetings –</p> <ul style="list-style-type: none"> - Thursday 19 April 2018, 14:00, Newton Room, Victoria House - Thursday 19 July 2018, 14:00, Newton Room, Victoria House - Thursday 9 October 2018, 14:00, Fleming Room, Victoria House 	