

Meeting: Cancer Operational Group (Cancer Managers & Lead Cancer Nurses)

Date: Friday 15th June 2018

Venue: The Arundell Arms, Fore Street, Lifton, Devon

DRAFT MINUTES

Ref	Minutes
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Welcome & Apologies

Review of Harm and Tertiary Referrals

In the main it was agreed treating Trust will undertake the clinical review for harm for tertiary referrals however the referring trust should support this

Prostate Cancer Referrals

NDHHT The group were informed that Bristol do not reject 2WW referrals. In Avon & Somerset, if a patient is not available for 34 days, the patient is moved to an upgrade rather than a 2WW retrospectively. This is done once a patient has been treated.

ACTION: Bristol policy to be shared by Andrew Filby

COSD v8

TSDFT TSDFT have permission to go live to v8 and skip v7. We are unsure if it will be able to collect all data it asks for as mandatory. RD&E will be implementing INFOFLEX. The group will write something collectively as a Network to take a pragmatic approach.

All **ACTION:** To review where the gaps are in 6 months.

Research Opportunities – Susie Pearce

Regional Clinical Schools:

The aim of the Regional Clinical Schools is to increase research capacity to develop nurses, enhance clinical practices and strengthen leadership and skills in this area. There is power in working regionally and nationally. The goal is to develop in-house clinical academics. SD and SP have discussed a 2 day care conference in 2019. SD asked the group whether there would be support and this was unanimously agreed

Reporting Against the Transformation Project – Bev Parker

The initial milestone plan has been pulled together. Reporting on living with and beyond is functional up to now and moving into the delivery phase. All finance leads have been asked for reconciliation as we need to be able to account for the spend. Governance has been completed; quarter 1 of money should be available in June.

QFIT Update – Lynne Kilner

The QFIT tests are starting to roll out during the second half of June. Lab tests will go to the GP (Labs are based in Exeter and Bristol). A positive test is the criteria for a referral to a 2WW pathway. We would know at receipt of a 2WW referral if a patient has had a QFIT test (this would be indicated in a box on the 2WW referral form). There is no requirement to record the value of the FIT test. At some point, local labs will buy the technology to link with the labs at Exeter. A list of results will be provided to the Trusts from the lab. Trusts would pick out their own individual patients and follow them throughout their pathway. All Trusts will need to record the referral criteria in the free text box. All Trusts will be contacted with a list of patients at the end of June/beginning of July. The number of patients coming through on this pathway is still unknown. Communications have gone out and gone to Primary Care. . QFIT will integrate with screening, if screening departments have not yet been contacted please contact Jonathan Miller. It is not yet agreed how much money will be needed to cover this service.

2WW UGI Proforma – Direct Access

Awaiting approval of OG Direct Access form by CCG. J Mays has already agreed. TSDFT have a separate form which they use. There is a new OG MDT Lead in TSDFT. EW will be meeting the new Lead to discuss this in July.

Suggested 2WW Patients referred via direct access into OGD, they are then converted to 2WW if suspected cancer. A new referral from the GP will not be needed. Date of referral sent, received and 1st 2WW appointment will be the date of the OGD. RCHT upgrade these patients but will convert to a 2WW.

ACTION: SD to share proforma with other Trusts

Collating Comments on 2WW Referral Form

Two GP's are doing a piece of work on agreement of what a 2WW referral form should look like. Urology and Skin is being works on.

UHP **ACTION:** Haematology changes to be sent to NK by SD

ACTION: BP to liaise with NK

AOB:

MDT Distribution Lists

GDPR rules – KC reported on MDT distribution lists for local and Tertiary lists. People asked to be put on distribution lists but are not asking to be removed. All Tertiary members will be removed and core members will be left on. MDT outcomes will go to Cancer Services' inboxes and it will be up to individual Trusts to distribute them.

Data Meeting

We may need to discuss 28 day queries shortly, this meeting could become 6 monthly or a phone call? The Group agreed that we should meet in September to discuss 28 days during a 30 minute session and a 1 hour meeting for Managers.

UPHNT **ACTION:** SD to ask NK for Lifton Farm Shop to purchase a spider phone and NHSE will

reimburse them.

Anthony Martin

April Performance

NHSE have the April Performance figures. These range from 70-90%. Trajectory figures have been looked at. Trusts are re-submitting trajectories by the 20th June. All providers are forecasting achievement at some point in the year and bids are being looked at.

104 Day Waits

104 day waits are requiring a template of completion. All patients for our area have been completed. This is getting National attention. Validation of numbers needs to be submitted. Only 2WW GP referrals to be reported on, not upgrades.

CWT Workshop

There will be a Cancer Waiting Times Workshop on the 23rd July.

Anal Cancer MDT

RD&E There are currently 2 RD&E Consultants off sick at present which is causing delays for RD&E to take over the Anal Cancer MDT. PHNT will be keeping the meeting for the moment and the meeting will be going weekly. Alex Keast to discuss the Anal Cancer MDT as the time of the meeting will also be changing. Change of time will need to be known for job plans.

Prostate Pathway Data

RD&E and NDHC are trialling recording every patient who has had a prostate biopsy. This data is needed by the 26th June.

ACTION: Alex Keast to feedback on how this data is going

Chair for next meeting

Sian Dennison