

Peninsula Cancer Alliance Board

Notes

07th July 2021 Draft v1.1

1. Welcome, Introductions and Apologies

- See Appendix 2 for attendance

2. Minutes of the last meeting

Approved

- See Action Log at Appendix 1 for update on actions

ACTIONS

30. Cancer research trials and recruitment/metrics to be part of the next board agenda SB and DW

3. Alliance governance including Alliance plan 21/22

SJ presented a draft proposal, which has not been discussed elsewhere yet.

Comments

- MM suggested including the national cancer strategy implicitly in the purpose and structure.
- MM also wanted to suggest for the future showing a more provider led/ collaborative approach. SB raised that the current partnership board is currently the best placed group for this.
- DW mentioned the SEND alliance and wanted consideration for how these groups will feed into the Alliance Board. It was noted that the ICS development may result in changes to the Alliance Board

AGREED

Proposal was agreed by the board.

4. Cancer Performance

SB presented on cancer performance and metrics around the alliance for April 2021.

Comments

- KS summarised, according to April data that recovery is not as quick as was hoped. Queried how data looks since then, SB confirmed there is a small improvement for June but that issues are persisting.
- Discussion around causation of issues and to plan how to address these. SWS commented that breast referral levels 150%, plus symptomatic, however diagnosing less than previous years. Staffing issues driving the challenges in recovery. Hoping to have a Peninsula wide approach to insourcing to address some of the staffing issues. JR raised biggest concern globally is that normally certain pathways prop up the numbers for everyone, however these are the pathways under pressure. Positive to note is that most are running well within the 31 days. KB noted that physical space and resources have driven some of their issues in urology. Capital plan about to begin which may change the front end of the pathway. JP explained demand pressures have been significant for March and April, and that there may not be data to support yet, but there has been an increase in later stage identification resulting in increased intensity for treatment plans. Proposal needed around breast discussions, and this has been raised with the Board.
- KS raised may need to start looking at covering larger populations and joining assets to cover this. Asked the Board if they would be happy to join breast services, KB explained that this could work but there are gaps in the workforce which will make this difficult and systems not capable of



reporting to each other. All agreed in collaborating with the awareness that travel needs to be considered.

- PJ asked about evidence base for inappropriate referrals, JR confirmed that the metric for monitoring this is conversion rate, which doesn't account for all the issues being faced. There are some anecdotal references, but conversion rates are still up.

ACTIONS

- 31. Next agenda to raise harm reviews and what is being found by each provider.**

3. Report from Clinical Chair

Comments

- Need to get trials up and running again with a strong steer from the Board as this will help improve services.

ACTIONS

- 32. Review the issue of trials within each provider and bring report on active cancer trials to next Board.**

6. Working with the Pathology Network

AJ presented on work within the Pathology Network.

Comments

- KS raised that need to reflect that a lot of collaboration was involved in building the pathology network and there are lessons to be learnt for networks trying to develop such collaborations.
- DW confirmed he is currently linked in with the genomics work, AJ suggested to take establishment of treatment options discussion further with DW offline, particularly from an ICS standpoint.

ACTIONS

- 33. KS to talk to Jane Milligan further about process of establishing genomics through the ICS's**

4. Update on workstreams

SJ Presented an overall update on workstreams and how this will support performance, asked the board to note the papers provided.

Comments

- KS asked if there was sufficient evidence to implement pilots, SJ confirmed evidence is there and currently doing the real-world testing. KS asked if PCA can decide what can be scaled with pilots and continue with them if they work, whilst dropping the schemes that do not work. JP recommended a roll out programme to work on this collaboratively.

5. Research

DW updated the Board on cancer research and working with national teams on programmes such as GRAIL to get numbers up and getting trusts up to speed. Trusts trialling GRAIL are RCHT and TSD.

Comments

6. Caught in the Maze

CS gave a quick update on the paper that was circulated to board members.



Comments

- KS commented that report will be useful for anyone setting up an ICS.

ACTION

- **34. SB to take paper to Partnership Board about any implications from 'Caught in the Maze' for Peninsula patients**

7. Any other business

- Sunita reported to the Board that the Peninsula Alliance will receive funding for a Targeted Lung Health Checks programme. Early indications from existing pilots show that lung cancers are being picked up at an earlier stage.

Date of next meetings

- 05th October 2021 @ 09:30, MS Teams
- 07th January 2022 @ 09:30, MS Teams



Appendix 1
Action Log

Meeting Date	Action No.	Action	Action Owner	Due Date	Status	Update/outcome
29-Jan-20	2	JR/JM Sarcoma project plan recommendations to be developed within 3 months by PCSS.	JR and JM	29-Mar-20	open	6.5.20 Sarcoma plan delayed due to Covid-19 emergency, b/fwd 22.7.20 Action remains paused 06.01.21 meetings organised to talk about scanners 18.01.21 UPDATE The work I had from the PCSS project for Sarcoma is open and we are recruiting to the post that will move it forward. 01/07/21 Post recruited to.
22-Jul-20	10	Academic Research SB to take up increasing academic research in Alliance	SB	22-Sep-20	Open	28.10.20 Spoke to DW need to promote work more pick up with governance work.
07-Jul-21	30	DW to develop metrics on cancer trial recruitment for the Alliance and SB to discuss the proposed metrics with clinical and operational leaders. To present outcomes at the next board.	DW and SB	05-Oct-21	Open	
07-Jul-21	31	Next agenda to raise harm reviews and what is being found by each provider.	All	05-Oct-21	Open	
07-Jul-21	32	Have some trials up and running by the next board.	DW	05-Oct-21	Open	
07-Jul-21	33	KS to talk to Jane further about process of establishing genomics through the ICS's	KS	05-Oct-21	open	



07-Jul-21	34	SB to pass along Caught in the Maze paper to partnership board and question what considerations are needed around the paper.	SB	05-Oct-21	open	
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Appendix 2 - PCA Board Attendance

Name	Organisation	Initials	Job title	Present
Kate Shields	Royal Cornwall Hospitals NHS Trust	KS	PCA Board Chair, Chief Executive RCHT	Yes
John Renninson	Royal Devon & Exeter NHS Foundation Trust	JR	Medical Director Cancer Alliance	Yes
Sunita Berry	NHS England & NHS Improvement	SB	Managing Director	Yes
Deborah Haworth	Cancer Research UK	DH	Regional Manager	Yes
Debi Reilly	Health Education England	DR	Regional Director South West	Apologies Mark Wilson attending
Christopher Scally	Macmillan Cancer Support	CS	Strategic Partnership Manager (SW)	Yes
John Finn	NHS Devon Clinical Commissioning Group	JF	Interim executive director of commissioning	Apologies Bev Parker attending
Michelle Dixon	NHS England & NHS Improvement	MD	South West Regional Head of Performance	Apologies Ruth Carr attending
Sarah-Jane Davies	NHS England & NHS Improvement	SJD	Alliance Manager	Yes
Duncan Wheatley	Royal Cornwall Hospitals NHS Trust	DW	Cancer Research Lead	Yes
Michael Marsh	NHS England & NHS Improvement	MM	Regional Medical Director & CCIO	Yes
John Groom	NHS Kernow Clinical Commissioning Group	JG	Executive Director of Commissioning	Yes
Lorraine Long	NHS Kernow Clinical Commissioning Group	LL	Programme Manager	Yes
John Palmer	Royal Devon & Exeter NHS Foundation Trust & Northern Devon Healthcare NHS Trust	JP	Chief Operating Officer	Yes
Joe Mays	Claremont Medical Practice	JoeM	Primary Care Clinical	No
Kevin Baber	University Hospitals Plymouth NHS Trust	KB	Chief Operating Officer	Yes
Samuel Wadham-Sharpe	Northern Devon Healthcare NHS Trust	SWS	Divisional Director	Yes
Susan Bracefield	Royal Cornwall Hospitals NHS Trust	SBr	Chief Operating Officer	Yes
John Harrison	Torbay & South Devon NHS Foundation Trust	JHa	Chief Operating Officer	No
Ben Smith	NHS Devon Clinical Commissioning Group	BS	Programme Manager – PCN Cancer DES	Yes



Alice	Street	NHS England & NHS Improvement	AS	Analyst (South West Region)	Yes
Ann	James	University Hospitals Plymouth NHS Trust	AJ	Chief Executive	Yes
Claire	Higdon	University Hospitals Plymouth NHS Trust	CH	Testing Strategist / Strategic Planning Consultant	Yes
Ruth	Goldstein	Cornwall Council	PG	Public Health Consultant	Yes
Paul	Johnson	NHS Devon Clinical Commissioning Group	PJ	Clinical Chair	Yes
Peter	Wilson	NHS England & NHS Improvement	PW	Medical Director for Commissioning	Yes

