

## Greater Manchester Cancer Board Minutes and Actions

Meeting time and date: Monday 19<sup>th</sup> July 2021, 15:00pm-17:00pm

Venue: Virtually, via MS Teams

### Members present:

Name	Cancer Board Role	Organisation	Total attended
Roger Spencer (RS)	Co-Chair / Chief Executive	The Christie Foundation NHS Trust	3/3
Andrea Green (AG)	Co-Chair	Stockport CCG	3/3
Dave Shackley (DS)	Director & Clinical Lead	GM Cancer	3/3
Claire O'Rourke (COR)	Managing Director	GM Cancer	3/3
Susi Penney (SP)	Associate Medical Director	GM Cancer	3/3
Sarah Taylor (ST)	GP Lead	GM Cancer	3/3
Suzanne Lilley	Cancer Workforce Lead	GM Cancer	3/3
Alison Jones (AJ)	Associate Director of Commissioning - GM	GM Joint Commissioning Team	3/3
Cathy Heaven (CMH)	Programme Director of Cancer Education	The Christie NHS Foundation Trust	3/3
Alison Armstrong (AA)	Programme Lead	GM Cancer	3/3
Rhidian Bramley (RB)	Engagement Lead	GM Cancer	2/3
Ian Clayton (IC)	User Involvement Rep PaBC	Macmillan User Involvement Programme	1/3
Leah Robins (LR)	Rep for GM Chief Operating Officers	Northern Care Alliance Group	3/3
Andy Ennis (AE)	Deputy Chief Executive/Chief Operating	Bolton Foundation NHS Trust	2/3
Rob Bellingham (RB)	Managing Director	GM Joint Commissioning Team	3/3
Professor Janelle Yorke (pJL)	Executive Chief Nurse & Director of Quality	Manchester University NHS Foundation Trust	3/3

### In attendance:

Name	Job Title	Organisation
Jaqie Lavelle (JL)	Senior Team Administrator	GM Cancer
Sadhbh Oliver (SO)	Senior Team Administrator	GM Cancer
Beth Sharratt (BS)	Project Manager (Health and Social Care VCSE Engagement)	GMCVO
Chris Harrison (CH)	Executive Medical Director	The Christie NHS Foundation Trust
Claire Trinder (CT)	Director of Research Strategy and Operations	Manchester Cancer Research Centre
David Wright (DW)	TYA Lead Nurse & Clinical Lead for TYA	Manchester Foundation NHS Trust
Donna Miller (DM)	Health and social care charity BHA representative	Answer Cancer
Grace McCorkle (GMC)	GM User involvement through BRAG	(BAMER Research Advisory Group)
John Moore (JM)	GM Cancer Clinical Director for Prehab and Recovery	Manchester Foundation NHS Trust
Mr Mohammed Absar (MA)	Clinical Lead, GMC Transforming Aftercare Project	Manchester Foundation NHS Trust
Lisa Spencer (LS)	Associate Director of Strategy	Northern Care Alliance NHS Group
Molly Pippng (MP)	Senior Education Events and Programme Coordinator	The Christie School of Oncology
Professor Robert Bristow MD PhD (pRB)	Director	Manchester Cancer Research Centre
Roger Prudham (RP)	Lead Cancer Clinician	NES Northern Care Alliance NHS Group
Teresa Karran (TK)	Regional NHS Relationship Manager	CRUK
Victoria Dickens (VD)	Director of AHPs	Northern Care Alliance NHS Group

### Apologies:

Name	Cancer Board Role	Organisation	Total attended
Lisa Galligan-Dawson (LGD)	Performance Director	GM Cancer	2/3
Sarah Price (SP)	Chief Officer	GM Health & Social Care Partnership	2/3
Janet Castogiovanni (JC)	n/a	n/a	n/a
Steven Pleasant	n/a	n/a	n/a

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**Venue: Virtually, via MS Teams**

<b>1. Welcome and Apologies, Minutes of the last meeting &amp; Action log and matters arising</b>	
<b>Discussion summary</b>	<p>RS welcomed all to the meeting and the apologies were noted. The minutes of the previous meeting held on 24<sup>th</sup> May 2021 were approved as an accurate record.</p> <p><b>Matters arising – Inequalities update (AJ):</b> Following the GM Cancer Inequalities group meetings previously held 19<sup>th</sup> July 2021 a strategy / implementation plan is to be developed to support the delivery of the group. The aim is to complete and share an early draft at the next Cancer Board, scheduled in September.</p>
<b>Actions and responsibility</b>	<p>Minutes of the last meeting, 24<sup>th</sup> May 2021 to be uploaded to the GM Cancer Webpage</p> <p>GM Cancer Inequalities strategy / Implementation Plan to be shared with the GM Cancer Board members / added to the September GM Cancer board</p>

<b>2. Overview of GM Health System and Covid Impact</b>	
<b>Discussion summary</b>	<p>The health system is stretched with continued pressures caused by Covid and the system trying to recovery services.</p> <p>The pressures within the system were not just Covid related, albeit there had been an impact of workforce due to self-isolation and other services had been requested to be stepped back up, including routine work.</p> <p>There had also been recent breakthrough cases (typically mild cases) of Covid for those clinical staff who had received the vaccines early on.</p> <p>Monday 19<sup>th</sup> July was known as ‘Freedom Day’ as the government restrictions had been lifted and although there was another wave of Covid, a lockdown had not been presented, causing concern on what impact Wave 4 will have on the system.</p> <ul style="list-style-type: none"> <li>▪ New cases of Covid had been estimated to 55,000-60,000 per day, compared to 30,000 cases 1-2 weeks ago</li> <li>▪ Concern that recent modelling has predicted that within 2 weeks there could be 100,000 new cases per day</li> <li>▪ In GM there were 2,000 new cases per day, compared to 200 - 8 weeks ago</li> </ul> <p>There had been an increase in the hospital impact due to the increase in Covid cases:</p> <ul style="list-style-type: none"> <li>▪ Critical Care (CC) in GM: There were 200 patients in CC beds in the peak with the number now at 70 patients.</li> <li>▪ The number of patients with Covid in the hospital system is 350 and in the previous peak was 1,500</li> </ul>

	<ul style="list-style-type: none"> <li>Internationally, the impact on the NHS in terms of hospitalisation and Critical care admissions is a third of previous waves, dependant on how high the wave goes will have an impact on the hospital systems despite the vaccinations.</li> </ul> <p>The vaccination programme was going well; 86% of adults within GM had received their first jab and 66% their second. An agreement was yet to be reached on whether school children aged 12-17 should receive the vaccination.</p> <p>The GM Cancer alliance have a pivotal influencing role in GM gold and are reassured that cancer services and the recovery of these will remain a priority.</p>
<b>Actions and responsibility</b>	No action required

### 3. Cancer Performance

<b>Discussion summary</b>	<p><b>COR provided an overview of the GM current cancer performance:</b></p> <p>During the initial waves of Covid the suspected cancer referrals (2ww) had dipped, however were now consistently above 100%. The numbers of cancers diagnosed will be tracked and presented at a future board.</p> <p>Prior to Covid-19 there was a significant number of patients in the backlog and we were about to enact a cancer recovery plan, when pandemic started in March 2020. There had been a national push to reduce the long waiters and a significant improvement had been made. The number of patients on combined 62-day PTLs, who were already over 62 days was 1,072 and of those 190 were over 104. This is an improved position since the report of the September board: 2,484 over 62 and 934 over 104 days.</p> <p>The current performance target had not been met, albeit as per previous commitment to the board there was focus on reducing the long waiters.</p> <p>The impact of Covid within the North West was 10% greater than other regions. Due to another wave of Covid, the cancer performance will be closely monitored via the live data feed on tableau.</p> <p>At the beginning of the pandemic a GM Surgical Cancer Hub was created to assist with capacity for cancer surgery and was still available for those who needed to utilise it. Surgical treatment numbers were recorded at 119% of pre-Covid activity.</p> <p>It was acknowledged that some providers were performing better than others and Salford had been affected by an increase in suspected skin cancer referrals. There was an overall focus on quality of referrals and due to challenges of GPs not always having face to face appointments. A Gateway C webinar is due to take place, focussed on the Skin pathway.</p> <p>Post-Covid Recovery Initiatives had been established with improvements in PET booking &amp; delivery and a EBUS single queue. There remains focus on endoscopy &amp; diagnosis, as it is where most patients are waiting.</p> <p>It was suggested that for future reference that sharing of cross region performance would be beneficial for comparison.</p> <p>The system was thanked for their continued efforts in focusing on the performance during the pandemic.</p>
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<b>Actions and responsibility</b>	<p>Cross Region performance to be incorporated into future Cancer Performance Slides</p> <p>2ww referrals analysis &amp; the numbers of cancers diagnosed will be tracked and presented at a future board.</p>
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**4. Cancer Spatial Framework**

<b>Discussion summary</b>	<p>From April 2022 Integrated Care Systems (ICS) will be in place Nationally which will include a Greater Manchester (GM) ICS and will involve the 'closure' of Clinical Commissioning Groups (CCG's).</p> <p>The GM Spatial Level Engagement Workshop slides were circulated in advance of the Cancer Board meeting. It acknowledged those involved in its development and AJ alluded that all partners are to be involved &amp; engaged as the work progresses. In the most recent National Guidance, there was reference made to the role that Cancer Alliances will have as part of ICSs.</p> <p>Although the slides described the principles, design, and delivery of cancer in GM there were questions raised by members of the Cancer Board, not understanding where they fit within the structure, transparency on workforce and who would be leading on cancer. It was acknowledged that the ICS development process is complex and a work in progress. The feedback received will be fed into the next discussions on ICSs.</p> <p>AG noted that <i>'the new Health Bill is currently going through the committee stage of the Parliamentary process with exact information due early next year. So, the guidance and details are still emerging but to provide assurance regarding accountability for quality of care; fundamental standards and continuous improvement; the ICS NHS Body for GM will have a statutory quality governance role as will each individual Provider as already stated in national guidance on ICS design'</i></p>
<b>Actions and responsibility</b>	<p>No action required</p>

**5. Virtual Cancer Week Event Summary Including User Involvement**

<b>Discussion summary</b>	<p><b>Dr Cathy Heaven Director of Education, Greater Manchester Cancer &amp; Molly Pipping Virtual Cancer Week Project Manager provided a summary of Virtual Cancer Week (VCW):</b></p> <p>VCW had taken place between Monday 24<sup>th</sup>–Friday 28<sup>th</sup> May 2021. Each day had a different theme: living well, early diagnosis, Covid recovery, international &amp; engaging communities. Each lunchtime participants were able to attend Prehab exercises &amp; mindfulness sessions.</p> <p>There was engagement &amp; collaboration across the system with up to 40 sessions arranged for people to attend. Due to Covid restrictions the VCW was delivered via a virtual platform, many of the sessions are available on demand to revisit.</p> <p>The cost of VCW was significantly lower compared to completing the event face to face and reached more people. The delegate location was aimed for those in GM &amp; East Cheshire, however 500 of the participants were from other areas. There had since been interest from other alliances in adapting the framework.</p>
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	<p>The sponsors of the event were: EUSA Pharma, Lilly and a grant from MAHSC</p> <p>There were 1,750 registered delegates &amp; 1,303 individuals had accessed the content. The majority of those in attendance were nurses, however there was a spread of other professions in attendance across GM. There was an increase in GPs and researchers since the conference in 2018 (GPs:18, now 60, Researchers 17 now 120). There were 130 service users engaged with the event.</p> <p>Virtual minutes &amp; twitter comments were including within the VCW Evaluation Report. The Service Users were thanked for the cooperation and support with VCW and Paper 2b provided an overview of their involvement which will be presented at the next board. The overall session recommendation rate across the week was 98%.</p>
<b>Actions and responsibility</b>	<p>Paper 2b VCW User Involvement summary to be presented at the September Cancer Board</p>

<b>6. Prehab4Cancer and recovery programme: overview of project implementation and current position</b>	
<b>Discussion summary</b>	<p>The initial purpose of the GM Cancer Prehabilitation (Prehab4Cancer) and recovery programme was to be the single referral point with GM wide coverage for access to exercise, nutrition and wellbeing support, to provide a 48-hour response and deliver free prehab &amp; rehab to 2,000 cancer patients. This has since been achieved. The main tumour group cohorts of focus were Upper GI, Lung, Colorectal and Lung Chemo/Dxt. The journey of GM Prehab4Cancer was published by the European Journal of Surgical Oncology (EJSO) &amp; a webpage had been created <a href="http://www.prehab4cancer.co.uk">www.prehab4cancer.co.uk</a> which has had 50,000 hits since launch in August 2020.</p> <p>GM health is poorer than the UK average, with more people suffering heart disease and cancer. GM was an important focus as patients are less fit, particularly in deprived areas. Service level agreement, agreed KPIs, Gym &amp; healthcare teams were developed to provide community-based prehab and rehab, with a governance structure in place.</p> <p>Multimodal Prehabilitation focussed on exercise, nutritional support &amp; mental wellbeing support to improve the patient's fitness &amp; wellbeing prior to and post operation. Between April 2019 – March 2020 over 1,000 referrals had been received with an 80% participation rate and 94% update rate from the first appointment. A significant improvement in patient's fitness had been seen.</p> <p>The various waves of Covid had an impact on cancer patients &amp; the way in which the programme was delivered, resulting in a remote service model being established. The service remained open to new referrals and personalised home exercise packs were created with online live classes available. 1,136 patients had engaged with the remote service delivery over the last year.</p> <p>A cost effectiveness evaluation was presented as part of the slides and it demonstrated that Prehab adds value to the GM Healthcare. Prehab4Cancer is now seen as a world-leading service and there was emphasise on the important of patients being fit.</p>

	<p>Members of the cancer board were supportive of the service and encouraged that the programme should be rolled out in other services, not just cancer and there is interest from the National team.</p> <p>A special thanks was given to the Prehab4Cancer team for their dedication to the programme during uncertain &amp; challenging times, including to Dr John Moore as a critical care anaesthetist during the COVID pandemic &amp; Zoe Merchant, programme lead, who has continued to oversee delivery and sustainability of the service despite redeployment.</p>
<b>Actions and responsibility</b>	No action required

**7. Outcomes from the GMC Transforming Aftercare Project and taking this work forward into Personalised Care**

<b>Discussion summary</b>	<p><b>Mohammed Absar, Clinical Lead, GM Cancer Transforming Aftercare Project &amp; Astrid Greenberry, Programme Lead, Personalised Care for Cancer provided an overview of the GM Cancer Transforming aftercare project (Slides previously circulated):</b></p> <p>In line with the world-class cancer outcomes and NHS long term plan the strategic drivers were to; move from the traditional hospital-based follow-up model to a more personalised and supported self-management approach for appropriate patients, allowing where suitable every person diagnosed with cancer access to personalised care.</p> <p>In partnership with the Macmillan Cancer Improvement partnership, PSFU (Personalised Stratified Follow Up) was already in place for Breast patients, across MFT &amp; NCA before the project officially started in April 2019 and through the GM Cancer Vanguard for colorectal patients at MFT.</p> <p>The task therefore was to implement a standardised breast follow-up approach across all trusts:</p> <ul style="list-style-type: none"> <li>▪ All trusts now have an operational breast pathway in place, the Stockport Breast Service had been closed, although the funds were redirected to MFT to provide Stockport patients with PSFU</li> <li>▪ All teams have project supported Cancer Care Coordinators (all posts sustained).</li> <li>▪ Patients removed from standard schedule of follow-up appointments replaced with rapid re-access back into the service as and when needed and the support of the pathway boards acknowledged to gain GM-wide agreement on protocols etc.</li> </ul> <p>PSFU was also implemented at Stockport, Salford and the North East Sector for Colorectal.</p> <p>Additional funding is now in place for the remaining colorectal, prostate and endometrial patients across GM under a new project (Personalised Care for Cancer) and test sites for all remaining tumour sites have been identified to develop a model to be further rolled out by March 2022.</p> <p>A new Clinical Lead for Personalised Care for Cancer has been appointed in place of Mohammed Absar as the Transforming Aftercare Clinical Lead, he was thanked for his</p>
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	leadership during the project. Additional roles will also be created to support the project going forwards.
<b>Actions and responsibility</b>	No action required

<b>8. Cancer Alliance Recovery Funding 2021 - 2022</b>	
<b>Discussion summary</b>	<p><b>AJ provided an update:</b> All cancer alliances in England received notification on 9th June 2021 in an email from Dame Cally Palmer (National Cancer Director, NHS Cancer Programme) of additional funding to accelerate and support cancer service recovery. The paper (previously circulated) provided an update on the additional funding £1.107m allocated to the GM Cancer Alliance and was detailed in Appendix 2.</p> <p>An expectation and criteria on what the funds should be used for was suggested and the GM Alliance submission met the requirements. The funding will support additional endoscopy and CT capacity, redesign of urology pathways and additional training to support it, amongst other things.</p> <p>The funding will be distributed via the ERF process with clear robust monitoring processes in place to ensure the proposals and outcomes outlines are delivered within 2021-22 and the providers are remunerated for doing so. This had been supported by Provider &amp; CCG Directors of Finance, Provider Federation Board and Directors of Commissioning with further discussions required on the transaction process and details of providers involved.</p>
<b>Actions and responsibility</b>	No action required

<b>9. CQC Review</b>	
<b>Discussion summary</b>	<p><b>COR provided a brief update:</b> As previously mentioned, the CQC Provider Collaboration Review of the Greater Manchester (GM) system had taken place in March 2021. There was engagement from different services within GM to demonstrate collaborative work across the system. A preliminary report had been completed and was in two sections; what was going well and areas of focus. The finalised report will be circulated once received.</p>
<b>Actions and responsibility</b>	The finalised CQC Provider Collaboration Review Report is to be shared with the Cancer Board Members, once received.

<b>10. AOB</b>	
<b>Discussion summary</b>	RS noted that pressures within the system & the uncertainty of Covid-19 Wave 4 will continue, with additional challenges to be presented. He praised the important work that the GM Cancer alliance had been involved in, including the adaptation & response of changed ways of working. There were no other AOB items discussed.
<b>Actions and responsibility</b>	No actions required
<b>Future Meeting Dates</b>	
The next meeting is scheduled on Monday 20 <sup>th</sup> September 2021, 15:00pm-17:00pm	



## Action Log

### Prepared for the 19<sup>th</sup> July 2021 cancer board

Log No.	AGREED ON	ACTION	STATUS
c/f 07.21	24 <sup>th</sup> May 2021	Details of the implementation of the focussed projects of work as part of the planning & reporting submission, is to be added to the agenda for the next Cancer Board meeting. (JL)	
08.21	24 <sup>th</sup> May 2021	CQC Provider Collaboration Review Report to be shared with the Cancer Board Members (JL)	<b>Action Closed</b> - Update provided at GM Cancer Board, Monday 19 <sup>th</sup> July 2021
09.21	19 <sup>th</sup> July 2021	Minutes from 24 <sup>th</sup> May 2021 to be uploaded to the GM Cancer webpage (JL)	Action Closed
10.21	19 <sup>th</sup> July 2021	GM Cancer Inequalities strategy / Implementation Plan to be shared with the GM Cancer Board members / added to the September GM Cancer board	
11.21	19 <sup>th</sup> July 2021	<b>Cancer Performance:</b> Cross Region performance to be incorporated into future Cancer Performance Slides  2ww referrals analysis & the numbers of cancers diagnosed will be tracked and presented at a future board.	
12.21	19 <sup>th</sup> July 2021	Paper 2b VCW User Involvement summary to be presented at the September Cancer Board	
13.21	19 <sup>th</sup> July 2021	The finalised CQC Provider Collaboration Review Report is to be shared with the Cancer Board Members, once received.	