

Greater Manchester Cancer Board GM Cancer Briefing Meeting Minutes and Actions

Meeting time and date: Monday 24th January 2022, 15:00pm-15:45pm
Venue: Virtually, via MS Teams

Members present			
Name	Role	Organisation/Representation	Attendance 2021/2022
Roger Spencer (RS)	Co-Chair / Chief Executive	The Christie Foundation NHS Trust	5/5
Andrea Green (AG)	Co-Chair	Stockport CCG	5/5
Dave Shackley (DS)	Director & Clinical Lead	GM Cancer	5/5
Susi Penney (SP)	Associate Medical Director	GM Cancer	5/5
Sarah Taylor (ST)	GP Lead	GM Cancer	5/5
Lisa Galligan-Dawson (LGD)	Performance Director	GM Cancer	4/5
Suzanne Lilley (SL)	Cancer Workforce Lead	GM Cancer	5/5
Alison Jones (AJ)	Interim Director of Commissioning - Cancer Services	GM Joint Commissioning Team GM Cancer	5/5
Cathy Heaven (CMH)	Programme Director of Cancer Education	The Christie NHS Foundation Trust	5/5
Alison Armstrong (AA)	Programme Lead	GM Cancer	5/5
Anna Perkins (AP)	Communications and	GM Cancer	3/5
Rhidian Bramley (RB)	Engagement Lead	GM Cancer	4/5
Nabila Farooq (NF)	User Involvement Rep PaBC	Macmillan User Involvement Programme	4/5
Leah Robins (LR)	Rep for GM Chief Operating Officers	Northern Care Alliance Group	4/5
Rob Bellingham (RobB)	Managing Director	GM Joint Commissioning Team	5/5

In attendance		
Name	Role	Organisation/Representation
Sadhbh Oliver (SO)	Senior Team Administrator	GM Cancer
Alison Page (A.Page)	Chief executive	Salford Community and Voluntary Services
Beth Sharratt (BS)	Project Manager (Health and Social Care VCSE Engagement)	GMCVO
Caroline Davidson (CD)	Director of Strategy	Manchester Foundation NHS 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
Jane Pilkington (JP)	Deputy Director Population Health	GMHSCP
Jonny Hirst (J.Hirst)	Answer Cancer Programme Manager	Answer Cancer
Lisa Spencer (LS)	Associate Director of Strategy	Northern Care Alliance NHS Group
Professor Robert Bristow MD PhD (pRB)	Director	Manchester Cancer Research Centre
Roger Prudham (RP)	Consultant Gastroenterologist / Lead Cancer Clinician	Northern Care Alliance NHS Group
Teresa Karran (TK)	Regional NHS Relationship Manager	CRUK
Victoria Dickens (VD)	Director of AHPs	Northern Care Alliance NHS Group
GM Cancer Team members		
	Alison Foxley	GM Cancer
	Allison Payne	GM Cancer
	Andrew Wheeler	GM Cancer
	Astrid Greenberry	GM Cancer
	Claire Goldrick	GM Cancer
	David Holderness	GM Cancer

	Edward Puaca	GM Cancer
	Jaquie Lavelle	GM Cancer
	Jess Carroll	GM Cancer
	Jess Docksey	GM Cancer
	Kathryn Groom	GM Cancer
	Louise Lawrence	GM Cancer
	Lousie Retout	GM Cancer
	Rebecca Davies	GM Cancer
	Sue Sykes	GM Cancer
	Susan Todd	GM Cancer
	Tara Schaffe	GM Cancer
	Molly Pipping	GM Cancer
	Michelle Fairhurst	GM Cancer

Apologies			
Name	Role	Organisation	Attendance 2021/22
Claire O'Rourke (COR)	Managing Director	GM Cancer	4/5
Professor Janelle Yorke (JY)	Executive Chief Nurse & Director of Quality	The Christie NHS Foundation Trust	4/5
Sarah Price (SP)	Chief Officer	GM Health & Social Care Partnership	3/5

1. Introduction to the Meeting	
Discussion summary	<p>R Spencer outlined that the meeting would go ahead in a briefing format over the usual cancer board format due to the pressures that had been created in the system by the latest wave of the pandemic. The meeting would focus on the cancer programme and operational activity within Greater Manchester with proposed responses.</p> <p>The next cancer board date was outlined as Monday 28th March 2022.</p>
Actions and responsibility	<p>GM Cancer Alliance to circulate briefing note in February 2022.</p>

2. Current Covid overview in GM	
Discussion summary	<p>D Shackley summarised the current data relating to Covid and the situation in hospitals in Greater Manchester. Please find the figures listed below.</p> <ul style="list-style-type: none"> ▪ The new GM Covid cases per day (7-day rolling figure) has substantially reduced in recent weeks- being around 11,000 in the 1st week of January 2022, to circa 4,000 in the 4th week of January 2022. ▪ New Covid hospital diagnoses/ admissions had gone from 180 per day at the peak of the latest wave, to 100 in the week beginning 24th January 2022. ▪ Over a fifth of hospital beds in Greater Manchester had been filled with Covid positive patients in the latest wave showing a more substantial impact than seen elsewhere in England ▪ There had been little significant additional impact on critical care throughout Greater Manchester during the Omicron wave, with the number of critical care Covid patients currently remaining as low as they been for the past 6 months. ▪ Around 900-1000 of the just under 5000 patients in GM hospital beds are ready to be discharged but various factors limit these patients being discharged. ▪ Staff Sickness however had recently dropped from 10-15% to 5-10%. ▪ It was emphasised that there had been a disproportionate COPVID impact on Greater Manchester and The Northwest compared to other areas in the United Kingdom with 18% more cases since march 2020, and a typical COVID patient from the NW being more likely to have severe disease (eg 25% higher mortality rate) than the England average. <p><u>News</u></p> <ul style="list-style-type: none"> ▪ A new initiative had been set out which enacts an automatic community-based delivery of antiviral drugs to immunosuppressed and clinically vulnerable patients if they receive a positive Covid PCR test. ▪ There had been increased political attention around the improvement of cancer services. ▪ A new set of national planning guidance has been released. Within the guidance there has been an emphasis on work around cancer. In the paper the colorectal, skin, and prostate cancer backlog were highlighted as areas of concern. ▪ The alliance had also received media requests regarding the GM Health and Social Care Plan from 2016 and how the 5-year Taking Charge plan has progressed. ▪ A double annual report is being created by GM Cancer Alliance which will cover the different areas of work that have been undertaken over the last 2 years.

Actions and responsibility	<p>SO to add the GM Alliance focus on the national planning guidance to the agenda for the next meeting.</p> <p>DS to provide an update of the Social Care plan and Taking Charge plan and their further progression at the next meeting.</p>
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3. Operational Cancer Issues

Discussion summary	<p>L Galligan-Dawson highlighted the tremendous amount of work that was put in by a variety of teams to get through the backlog of patients within Greater Manchester. It was emphasised however that Omicron had devastating impacts on services, increasing the backlog, and effecting other performance metrics.</p> <p>Several performance figures for Greater Manchester were shared with the board. Please see below.</p> <ul style="list-style-type: none"> ▪ It was recognised that the current PTL figure for Greater Manchester, which sits at around 16,000, was falsely low, given the significant reduction of referrals over the festive period. ▪ The 62-day backlog had increased to 1382, with 2011 patients being from a 2ww referral source, compared with the national base line of 761. The number of patients had increased by 31% in the last 4 weeks. This highlighted the challenges the system faced in both the delivery of services, and the tracking and management of patients, due to staffing shortages. ▪ The surgical waiting list size currently sits 14% above what it was in January last year. This emphasised the difficulties there have been in maintaining surgery's despite cancer being a top priority. ▪ Work is being done to ensure the stabilisation of services. This entails reducing the backlog into a manageable level, seeing the PTL rise initially as referrals recover and the management of the surgical waiting list. ▪ Cancer waiting times were recorded as being some of the lowest they had been, with November's position being a specific record low. As a result, GM were situated as the worst performing area in the country, however its percentage of patients in the backlog was better than other areas in the country. ▪ Overall, within GM those patients who are were the longest waiters have been continued to be seen and treated. Consequently, other patients have been tipping over as long waiters. <p>L Galligan-Dawson noted the various work that was moving forward in Greater Manchester despite the ongoing pressures. These pieces of work included the progression of the Rapid Diagnostic Centres, continued improvement work around FIT testing and the Single Queue Diagnostic pilot.</p>
Actions and responsibility	<p>LGD to present the evaluation and case for change for the Single Queue Diagnostic programme at the next meeting.</p> <p>LGD to provide an update on lung clinic at the next meeting.</p>

4. GP and community care issues in cancer

Discussion summary	<p>The pressures in primary care and other parts of the community system were in line with those issues highlighted by D Shackley and L Galligan-Dawson, specifically: increased staff</p>
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	<p>sickness, increased demand on services, the focus on supporting discharge from hospital / prevention of readmission and the delivery of the vaccination programme.</p> <p>A Jones detailed some of the ways that GM worked with Primary Care and Community Co-ordination Cells from beginning of Omicron.</p> <ul style="list-style-type: none"> ▪ An early message was sent out to general practice and wider primary care to encourage cancer referrals. This was both a professional and public facing message. ▪ Regular updates were given to Community Co-ordination Cell, to enable those in the Alliance to hear what is going on in the wider system and give regular updates around where things are from a cancer perspective. ▪ Similarly, direct links had been made with the primary care networks in Greater Manchester which enabled a platform for two-way dialogue and increased education.
Actions and responsibility	Inequalities update to be provided in the next meeting.

5. AOB / Questions

Discussion summary	<p>R Spencer gave a brief overall summary of that discussed in the meeting. It was outlined that from the front end of the pathway, the urgent referral activity had been holding up and people were still being referred into the system. And whilst there had been growing pressure in diagnostic and treatment areas, diagnostic activity continued and was prioritised unlike that which occurred in the beginning of the pandemic.</p> <p>R Spencer opened the meeting to questions from those in attendance of the board.</p> <p>R Prudham highlighted that endoscopy waiting list were starting to reduce demonstrating, that paths were being made into tackling the backlog.</p> <p><u>Inequalities</u></p> <p>Following a query from A Page around how health inequalities are being handled within the Greater Manchester system, A Jones discussed the work that was being undertaken by the GM alliance around inequities. This included working closely with the 10 localities and their cancer commissioning managers, a meeting with primary care network leads which will focus on screening and how existing inequalities can be addressed, work that is being completed with Beth Sharratt and the wider BCSE, alongside other pieces.</p> <p>DS also highlighted that there is a board on inequalities in cancer which will bring a progress report to the next Cancer Board, as well as ongoing schemes of work such as Single Queue Diagnostics and the Targeted Lung health checks which will challenge inequalities created through deprivation.</p> <p>JP also noted that the work which was done around the vaccination programme to make services as accessible as possible needs to be taken and looked at in line with how Greater Manchester deliver their services going forward.</p> <p>There was discussion around the potential impact of the upcoming deadline for mandated vaccinations in NHS staff, and how this effect services.</p>
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Actions and responsibility	SO to extend the time of the March Cancer Board unless there are any significant changes in the system.
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The next meeting is scheduled on Monday 28th March, 3pm-5pm

Action Log

Prepared for the 28th March cancer board

Log No.	AGREED ON	ACTION	STATUS
c/f 12.21	19 th July 2021	Paper 2b VCW User Involvement summary to be presented at the September Cancer Board	Added to the 20 th September Cancer Board agenda. To be presented at the 22 nd November Cancer Board agenda as paper for information. Added to January board in lieu of November's meeting. Action Closed GM Cancer agenda item no longer required.
c/f 14.21	20 th September 2021	Minutes of the last meeting, 19 th July 2021, to be uploaded to the GM Cancer webpage	Action closed
c/f/ 15.21	20 th September 2021	A paper / update will be provided at a future board meeting on: <ul style="list-style-type: none"> ▪ Pathway Boards + GM Cancer ▪ Trials for Pathway Boards ▪ Education ▪ GM cancer survival rate – data 	<ul style="list-style-type: none"> ▪ Pathway Boards + GM Cancer- Update to be provided ▪ Trials for Pathway Boards- Update to be provided ▪ The survival data is to be included in the GM Cancer Key Outcome Metrics paper.
c/f 16.21	20 th September 2021	RDC patient experience to be presented at a future board meeting	Action closed GM Cancer agenda item not required. Sue Sykes (RDC Programme Lead) to continue to ensure that qualitative evidence is included in any review of the RDC model in GM.
c/f 17.21	20 th September 2021	An inequalities action plan with timelines is to be produced and shared at the January 2022 Cancer Board meeting	January Board scaled down, inequalities update to be provided.
c/f 18.21	20 th September 2021	Suzanne Lilley (SL) to link in with the User Involvement team in relation to them joining the volunteers programme	Update: An initial scoping exercise has been conducted to understand how cancer volunteers are currently being recruited, trained and utilised across all GM trusts. The workforce and education team will continue to work with volunteer teams and the cancer workforce to define next steps and explore ways to increase recruitment, increase EDI, and standardise training / support. The

			scoping has been discussed with the GM Cancer UI team and once next steps have been defined, there will be focused engagement with the UI community.
19.21	January 2022	Cancer Alliance to circulate briefing note in February 2022.	
20.21	January 2022	SO to add the GM Alliance focus on the national planning guidance to the agenda for the next meeting.	
21.21	January 2022	DS to provide an update of the Social Care plan and Taking Charge plan and their further progression, at the next meeting.	
22.21	January 2022	LGD to present the evaluation and case for change for the Single Queue Diagnostic programme at the next meeting.	
23.21	January 2022	LGD to provide an update on lung clinic at the next meeting.	
24.21	January 2022	SO to extend the time of the March Cancer Board unless there are any severe changes in the system.	