

Greater Manchester **Cancer**

Paper  
number

**1**

**Greater Manchester Cancer Board**

Minutes of the meeting held on  
Friday 18<sup>th</sup> November 2016 at Salford Royal

**In attendance**

<b>Voting members</b>				
Lead CCG		Nigel Guest	NG	Chief Clinical Officer, NHS Trafford CCG
GM Health & Social Care Partnership team		Richard Preece	RPre	Executive Lead for Quality, GMHSC Partnership
		Rob Bellingham	RB	Director of Commissioning
Provider trusts	Central Manchester	Darren Banks	DB	Director of Strategy
	Salford	Jack Sharp (for David Dalton)	JSh	Director of Strategy
	Stockport	Ann Barnes	ABa	Chief Executive
	The Christie	Roger Spencer	RS	Chief Executive
Primary care providers		Tracey Vell	TV	GP, Chief Executive of Manchester LMC
<b>Stakeholders</b>				
People affected by cancer		Nabila Farooq	NF	
		David Makin	DM	
<b>Delivery</b>				
Medical Director		David Shackley	DS	Medical Director, Greater Manchester Cancer
Director of Commissioning – GM Cancer Services		Adrian Hackney	AH	Director of Commissioning – GM Cancer Services, NHS Trafford CCG
Vanguard Innovation Programme Director		Jenny Scott (for Chris Harrison)	JSc	Programme Director, Greater Manchester Cancer Vanguard Innovation
GM Director of Population Health Transformation		Jane Pilkington (for Wendy Meredith)	JP	Head of Public Health Commissioning
Chair of Cancer Education Manchester		Cathy Heaven (for Richard Cowan)	RC	Vice-Chair, Cancer Education Manchester; Associate Director, Christie School of Oncology
AHSN representative		Mike Burrows	MB	Managing Director, GM AHSN
Transformation Unit representative		Mell Paterson (for Leila Williams)	MP	Head of Programme Delivery, NHS Transformation Unit
Programme Director (interim)		Thomas Pharaoh	TP	Associate Director, Greater Manchester Cancer
<b>Other members of cancer support team</b>				
Strategic Clinical Network		John Herring	JH	Senior Network Manager, SCN
Macmillan User Involvement Team		Lucie Francis	LF	Macmillan User Involvement Team Leader
<b>Visitors and observers</b>				
Andrea Crossfield, Healthier Futures (speaker)		Catherine Perry, University of Manchester (observer)		
Ralph Mitchell, NHS England (shadowing DB)				

**Members sending apologies and no deputy**

Pennine Acute	Roger Prudham (for David Dalton)	R Pru	Deputy Medical Director
Local authorities	Steven Pleasant	SP	Chief Executive, Tameside Metropolitan Borough; Interim Accountable Officer, NHS

			Tameside and Glossop CCG
NHS England specialised commissioning	Andrew Bibby	ABi	Assistant Regional Director of Specialised Commissioning (North), NHS England
Chair of Trust Directors of Operations Group	Andy Ennis (for Fiona Noden)	AE	Chief Operating Officer, Bolton NHS FT
MAHSC Cancer Domain Academic Lead	Salvador Moncada	SM	MAHSC Cancer Domain Academic Lead

## 1. Welcome and apologies

RPre welcomed members and apologies were noted.

## 2. Minutes of the last meeting

The board approved the minutes of the meeting on 21<sup>st</sup> October.

## 3. Action log and matters arising

The board noted the action log. AH informed the board that he would be taking an infrastructure proposal to the meetings of Directors of Finance of provider trusts and clinical commissioning groups before presenting it to the cancer board. JH informed the board that the third sector workshop had been scheduled for 13<sup>th</sup> December and that a number of board members had been invited and others with an interest were welcome.

## 4. Vanguard Innovation programme

### *Programme Director update*

JSc presented an update paper. She informed the board that the vanguard innovation programme had been running for 7 months and was gathering pace. She noted the forward plan of the programme and a summary of its impact to-date, both provided as an appendix to the paper. The board heard that NHS England had given only a short timeframe for the submission of requests for funding in year two. JSc stated that funding would be requested at the same level as the current year and would be for the continuation of existing work.

The board was asked to note the progress of the vanguard innovation programme and the amended terms of reference of the programme oversight group. DB noted the need to see how the newly-constituted oversight group and surrounding governance worked in practice. RPre agreed that the Greater Manchester Cancer Board should not simply be presented with answers to questions on the vanguard programme but should be a forum for debate. JSh suggested a review of the decision-making process in three months.

ABa reiterated the need for as much involvement across the system as possible, noting that some clinicians were expressing uncertainty about the vanguard innovation programme. JSc stated that future showcase events would be taking place in venues across the region and suggested that a map be created to show that different projects were taking place in different places. This idea was welcomed by the board.

**Action: JSc to develop and publish a map of where vanguard innovation projects are happening across Greater Manchester**

### *Accountable network project update*

AH noted that commissioning reform was both a project within the vanguard programme and a domain within the developing cancer plan and acknowledged the dual reporting relationship that this entailed. He introduced the developing membership of the steering group that was being formed to lead this work. AH noted that in recent weeks many members had been contacted by KPMG, which is working with Greater Manchester and Royal Marsden Partners (RMP) on the

exploration of the accountable network model. He stated that while KPMG had been engaged by RMP to scope, build and implement a model, it was only undertaking the scoping phase in Greater Manchester. There was agreement that it was the right approach for the Greater Manchester system as a whole to build and implement an appropriate model and it was noted that there was a lot of learning and experience locally and nationally that could be drawn upon. AH noted that the project milestones needed to be reviewed so that a solution was developed that was deliverable with all partners.

RB noted that there was infrastructure developing to allow Greater Manchester to go further and faster with commissioning reform. He informed the board that a broader commissioning review would be discussed at Strategic Partnership Board in December and that these two pieces of work should be aligned.

DB informed the board that he had been interviewed by KPMG and that they were only looking at the accountable network model with a capitation approach rather than other possible models such as lead providers for cancer pathways. AH stated that the work that had happened so far confirmed that in the context of local care organisations it would be problematic to take a capitation approach to cancer. He stated that all possible models therefore remained on the table.

### *Cancer intelligence update*

AH updated the board on the cancer intelligence project within the vanguard innovation programme. The board heard that the cancer system had not always had the evidence base available to allow it make decisions. It heard that a national cancer dashboard had been developed but that it had limited functionality. AH noted that the partners in the national cancer vanguard were working together to address their intelligence needs beyond this national dashboard and that the project team in Greater Manchester was connected to those working on the GMHSC Partnership outcomes framework. The board heard that the aim was to produce a comprehensive Greater Manchester Cancer dashboard that could be interrogated at every level of the system.

AH informed the board that he had been talking to provider trusts about the proposal to procure a system, through the national cancer vanguard, that would allow the real-time reporting of patient experience and outcome measures. DM informed the board that he had seen a presentation of the proposed system and was strongly supportive of its use. The board agreed that providers should be encouraged to avail themselves of this resource.

RPre noted his intention that, once appointed, the Greater Manchester Health and Social Care Partnership's Director of Nursing would be invited to join the board and take a lead on cancer patient experience. He proposed that in the medium term Cheryl Lenney, Chief Nurse at Central Manchester University Hospitals, is invited to join the board if she can accommodate it to bring both a nursing and children's cancer perspective.

**Action: RPre to invite Cheryl Lenney to join the board**

## **5. Proposed key objective: The Recovery Package**

DS gave a presentation on the Recovery Package. The board heard that more and more people were living with and beyond cancer and that the Recovery Package was a set of interventions, first described by the National Cancer Survivorship Initiative, to better support this growing group. DS stated that the implementation of the Recovery Package was now a national priority but that there were differences in its interpretation. The board heard that there was a lot of implementation activity in Greater Manchester, much of it Macmillan-supported, but that it was not co-ordinated. It heard that the only data available was from an ambiguously-worded question in the National Cancer Patient Experience Survey (NCPES) which asked whether patients were given a written

care plan. DS outlined that just 33% of respondents to the most recent survey recalled having such a plan.

DS proposed that the board should set a key objective that the Recovery Package is delivered to all appropriate patients by December 2018. He proposed an interim milestone of all patients receiving an agreed care plan, based on a holistic needs assessment but also highlighting general advice and signposting information, at the end of their treatment by December 2017. He informed the board that measurement of progress would be through targeted audit rather than relying on the annual NCPES. He also noted that Greater Manchester should consider wholesale use of the Macmillan electronic holistic needs assessment tool.

The board approved the proposed ambitions. RPre stated that the data was an indictment of the services currently offered and supported the need for an interim milestone to drive quick improvement. Board members noted some of the work going on locally that could inform the implementation of the Recovery Package, such as rehabilitation prescriptions in major trauma. AH noted that the Recovery Package was a key enabler for the new models of aftercare being developed as part of the vanguard innovation programme. It was noted that the implementation of the Recovery Package needed to fit with the development of new models of primary and community care.

**Action: TP to circulate Recovery Package presentation**

**Action: TP to ensure that Recovery Package objectives are built into the cancer plan**

## **6. Draft Greater Manchester cancer plan**

TP presented the latest draft of the Greater Manchester cancer plan and a covering paper outlining progress with its development. The board heard that some parts of the plan were better developed than others but that work was ongoing to ensure that the document was ready for approval in the New Year. TP outlined the dates on which the plan would be presented to various GM Health and Social Care Partnership groups for consultation and approval. The board heard that a new chapter on key objectives had been added at chapter 6.

RPre asked board members to feed back any detailed comments to TP outside of the meeting but sought members' general comments. RS stated that the plan was a good and advanced piece of work and that other parts of the country were setting up cancer alliances that would be looking to follow Greater Manchester's example. DB stated that the covering paper outlining the content still to be added was helpful.

## **7. Focus session: Smoking**

The board heard a presentation from Andrea Crossfield, Chief Executive of Healthier Futures CIC, on a new ambition for smoking in Greater Manchester. AC outlined the scale of the challenge, noting that there were 423,000 smokers in the region and that on current trends it would take until 2036 to achieve the 13% smoking rate that is the national target by 2020. JP noted that to get to 13% will require 145,000 fewer people to smoke, a reduction of 34%.

AC outlined four 'big things' for Greater Manchester: i) making quitting the new norm, ii) GM leading the way on freedom and flexibility for new powers, iii) a smokefree GM, and iv) tackling illegal tobacco.

RPre thanked AC for setting out a range of ideas and the scale of the challenge. He noted that Greater Manchester will need to use the whole of the machinery at its disposal to have a realistic prospect of achieving its ambitions.

DB suggested that the emphasis should be on stopping young people starting rather than just encouraging existing smokers to quit and AC outlined the work that was happening in this area. DS felt that smoking should be the top priority for the Greater Manchester Health and Social Care Partnership. NG noted that consistency across Greater Manchester was required and that the new models of care in development would support this.

JP informed the board that a comprehensive tobacco plan would be developed in January to March 2017. The board supported the direction of travel and RPre invited JP to return to present the emerging plan in the New Year.

## **8. Focus session: Cancer education**

CH gave a brief presentation on cancer education in Greater Manchester. She set out the role and constitution of the Cancer Education Board, noting the broad range of organisations and bodies involved. CH stated that the education chapter of the Greater Manchester cancer plan was in development through the education board.

CH introduced the education work stream of the vanguard innovation programme, which was developing a primary care cancer portal called Gateway-C. The board heard that the ambition was for Gateway-C to become the go-to place within primary care for information and education on the whole cancer pathway.

CH asked for the board's view on whether the Cancer Education Board's remit should include patient education. RP asked CH to consult across the cancer system and return to the board with a solution to this question in the New Year.

**Action: CH to consult cancer system on whether patient education should fall within the remit of the Greater Manchester Cancer Education Board**

## **9. Any other business**

RPre congratulated The Christie on the announcement that it had been rated as outstanding in its recent inspection by the Care Quality Commission. RS thanked RPre and noted that the rating was a testament to the skill and commitment of the trust's staff and the contribution of all of its partners, many of whom were represented in the room.

DS noted that there had been a suggestion that a focus session on diagnostic capacity should be arranged for December. He informed the board that preparatory work was taking place in December and January and the focus session would follow at a later date.

DB noted the publication of a consultation document *Modernising Radiotherapy Services in England – developing proposals for future service models*. He noted that much of what the document proposed was already in place in Greater Manchester but that some elements might be considered disputable. He suggested that a collective Greater Manchester view be collated. RPre asked DB to discuss with relevant colleagues and formulate a response.

**Action: DB to co-ordinate a Greater Manchester response to *Modernising Radiotherapy Services in England***

MB noted the absence of reference in the plan to next generation diagnostics and noted the role of Health Innovation Manchester in this.

**Action: DS and TP to discuss the inclusion of reference to next-generation diagnostics in the cancer plan with MB**