



## **North Thames Children's Cancer Network Coordinating Group (CCNCG)**

Date: **Wednesday 7<sup>th</sup> December 2016, 13:00 – 15:00**

Venue: **6<sup>th</sup> Floor West Meeting Room, 250 Euston Road.**

Chair: **Darren Hargrave and Michael Marsh**

### **1. Welcome and introductions**

DH welcomed the group and outlined the rationale for refreshing the board and expanding membership.

The pan-London review had heavily influenced the work of the group but this has not come about yet so there is a need to move forward with other business.

There is currently a gap with no GP representation but this has been a challenge across many of the *London Cancer* boards.

### **2. Discussion on structure and terms of reference**

DH outlined the history of the CCNCG. This developed into a smaller task based group when *London Cancer* took over but DH is now expanding the group due to quoracy and having a wider group for taking work forward.

There is a need to update the relevant documents - terms of reference, constitution and governance which DH will complete and circulate.

HS introduced role of *London Cancer* which is now hosted by the UCLH Cancer Collaborative as part of the National Cancer Vanguard.

<b>Action 1:</b> DH to update terms of reference, constitution and governance
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### **3. Update on Pan-Thames / National Review**

MM gave an update on this. Key points were:

- There was an independent review of paediatric cancer services in London in February 2015 led by Mike Stephens.
- The review has helpful messages but was never sanctioned or released.
- The National Cancer Board recommendation is that this is now best addressed through the National Cancer Taskforce – chaired by Cally Palmer - and that it will now have a national focus.
- MM gave an overview of the current relevant workstreams and structures:
  - The National Strategy which is not focused on children but the principles are transferable and relevant to children.
  - The National Vanguard – UCLH Cancer Collaborative, Christie, Royal Marsden Partners. This is adult orientated but there have been helpful conversations with Geoff Bellinghan as the lead about the importance of the children's agenda.
  - Newly formed Cancer Alliances. These will have more authority and ability to do things than in the past and are driven by the National Cancer Taskforce.

- STPs – There are 5 STPs for London. There is an emphasis on close working across the health and social care system. There is an opportunity to use STPs to deliver work that the CCNCG want to do.
- NHS England (Specialised Commissioning) are willing to change and develop cancer commissioning.
- Provider organisations. NHSE want to look at POSCUs and PTCs, numbers and capability. The CCNCG can move forward with this. It could be a contentious piece of work. It is important for patients to be treated closer to home where possible. TYA services are also a priority. There has been good progress but there is more to be done. An important piece of context is the proton beam facilities at UCLH – there is a need to ensure that children have access to these facilities.

DH added information about the national CRG.

- The CRG has been refreshed and paediatrics and TYA were combined and the group were moved under cancer. The first meeting has recently been held.
- The CRG have been asked to review services nationally. There is a dedicated project manager to facilitate the process with a deadline of early next year. There will be changes to the service specification which will need regional engagement. The CCNCG are a critical group for engagement in London.

#### *POSCU designation process*

MM outlined how the designation process would work. It would depend on:

1. Organisational appetite to do the work – division and board as well as clinical staff
2. Clinical consensus – what good looks like, standards
3. Institutional ambition

It is likely that there will be more interested parties to an EOI than the need. The process will be to:

1. Set standards
2. Trusts submit expressions of interest
3. Process of decision making to be based on factors such as geography, resources and institutional ambition.

The decision will need to be mindful of the links to other paediatric services. There are no preconceived plans about which centres should provide what level of service.

The role of the CCNCG is to set the standards not to designate organisations. There is an existing set of standards which DH will circulate as a starting point. The standards should be in line with national standards but there will be some issues specific to London.

There was a further discussion about POSCUs and PTCs in the North Thames region:

- There has been uncertainty about the designation process and it must be commissioner led
- There may centres which have capable staff but lack the necessary facilities
- The current levels may not be the best way of defining services as there is a big jump between 2 and 3 in relation to facilities and staff.

- There is the appetite of shared care units to do more but a need to be realistic about the budget and context of what is happening in paediatrics more widely. There is unlikely to be capital investment.
- CG commented that surveys and patient feedback should feed into the process. There was engagement with the public as part of the 2015 review which will help to inform the process. The Parent Council will also be able to feed back on standards.
- This piece of work needs to be copied to those outside of the group also.
- He expected timeframe for setting the standards is 18 months
- PTCs have a role to play and would like to have a greater role e.g. training, visits etc.
- The aspiration should be not to have variation based on geography.

**Action 2:** DH to circulate package of information on what has been done so far including patient survey results prior to next meeting.

**Action 3:** members of the network to consider this information by the next meeting and involve other colleagues as appropriate.

**Action 4:** POSCU leads to suggest people to join the Parent Council and to put them in touch with Clare Gallon: Claire@gallonmail.co.uk.

#### **4. Peer Review Feedback**

DH suggested that it would be useful for the group to have an overview of the findings from peer review in order to identify themes and to help inform the standards. Trust representatives agreed to seek permission to share these.

**Action 5:** Trusts to ask for permission to share peer review findings with the CCNCG.

#### **5. Update on Network Survey**

The survey showed similar themes to the last iteration. The report will be sent around as part of the package of information.

#### **6. Discussion on Work Plan 2017**

The CCNCG work plan does not have to be the same as the PTC work plan but should be aligned.

Looking at POSCU services will be the main item as discussed in the meeting. The suggested deadline for agreeing the new standards is by the new users day on the 2<sup>nd</sup> May.

A repeat of patient survey is not planned until 2018.

#### **7. Any other business**

A number of items were raised:

- CG raised that long waiting times keeps coming up as a theme from patient engagement. Communication with patients on the day could be improved. The PTC day care outpatients group are looking at this.
- IT communications between PTC and POSCUs should be a priority. This should be aligned with the Cancer Vanguard Strategy.
- Data and databases – it is difficult to identify data.
- LR raised issues with two week wait referral forms and agreed to take a lead on this.

DH asked for volunteers to form a sub group to look at data and IT communications between Trusts. The Centre for Cancer Outcomes (part of the UCLH Cancer Collaborative) should also be involved.

**Action 6:** Members to volunteer to join a group to look at data and IT communications

**Action 7:** LR to take a lead on two week wait referral improvement

## 8. Next Meeting

Future meetings to be confirmed – 2<sup>nd</sup> May as one of the meetings.

Three other dates in 2017 to be done via doodle poll.

Next meeting to be held in late January or early February.

## ACTION LOG

Action reference	Action	Owner	Date Due	Status
Dec-01	DH to update terms of reference, constitution and governance	DH	31/1/17	
Dec-02	DH to circulate package of information on what has been done so far including patient survey results.	DH	31/1/17	
Dec-03	Members of the network to consider this information by the next meeting and involve other colleagues as appropriate.	ALL	31/1/17	
Dec-04	POSCU leads to suggest people to join the Parent Council and to put them in touch with Claire Gallon: Claire@gallonmail.co.uk.	POSCU leads	31/1/17	
Dec-05	Trusts to ask for permission to share peer review findings with the CCNCG.	ALL	31/1/17	
Dec-06	Members to volunteer to join a group to look at data and IT communications	ALL	31/1/17	
Dec-07	LR to take a lead on two week wait referral improvement	LR	31/1/17	

## Attendees

Name	Trust/Organisation
Darren Hargrave (co-chair)	GOSH
Michael Marsh (co-chair)	NHS England
Fiona Hikmet	PAH
Jo Davison	Hillingdon
Michelle Vernon	CLIC Sargent
Ranjith Joseph	Mid Essex Hospital
Lynne Riley	Barnet/Royal Free

<b>Name</b>	<b>Trust/Organisation</b>
Claire Gallon	Patient Representative
Julie Baylis	GOSH
Mary Foo-Caballeo	PTC lead cancer nurse GOSH/UCLH
Elinor Sefi	Whittington
Kirsty McKeon	Whipps Cross
Anthony Michalski	GOSH/UCLH
Helen Saunders (minutes)	London Cancer

## **Apologies**

<b>Name</b>	<b>Trust/Organisation</b>
Richa Ajitsaria	Hillingdon
Rachael Hough	UCLH
Andrea Simmons	Barts Health
Sujith Samarasinghe	GOSH
Andrea Leigh	Barts Health
Marc Arca	Imperial