MINUTE
INDEPENDENT NATIONAL CANCER ADVISORY GROUP
Minutes of the meeting held on Thursday 27th April

Present: Charlotte Beard, Nicola Beech (NB), Emma Greenwood (EG), Johnathan Joffe (JJ), Harpal Kumar (HK), Suzy Lishman (SL), Jane Lyons (JL), Linda Pepper (LP), John Reeve (JR), Fran Woodard (FW), Richard Roope (RR), Delyth Morgan, Kate Lee (KL), Mark Kroese (MK), Nicola Strickland, Paul O’Flynn

Guests: Cally Palmer (CP) (for item 3), Alison Cox (AC) (for item 4)

Secretariat: Ziede Mesonyte (ZM)

1. Welcome, apologies and introductions

The Chair welcomed the members to the third meeting of the group.

2. Update on CCG Improvement and Assessment Framework

- For 2016/17 a new CCG Improvement and Assessment Framework will be introduced to replace both the CCG assurance framework and CCG performance dashboard.
- The Cancer Clinical Panel met in March 2017 to discuss the proposed methodology from NHS England for the 2016/17 end-year assessment.
- The next meeting is in May, where the panel will review the latest set of data and assess what that is telling us about performance across the country.
- It is expected that the end-year assessment will be published in July 2017.

3. Update from National Cancer Director (CP)

- Five Year Forward View ‘Next steps’: Cancer features in the update published at the end of March – promising to see it feature so prominently.
- Operational delivery: Current focus on meeting the 62 day cancer wait target.
- Alliances: there have been 16 Cancer Alliances established across the country, in addition to the three National Cancer Vanguard sites (includes Manchester which operates slightly differently due to DevoManc). They have all produced delivery plans. This is the last year of vanguard funding via the New Models of Care programme at NHS England, the cancer programme will have to consider further investment from next year and beyond.
- Transformation funding: £200m will be made available over the next two years to support driving early diagnosis, implementation of the recovery package and stratified follow up pathways. Some of this money will also now be used to support recovery of the 62 day standard. A panel met to consider bids, included representation from Cancer Research UK and Macmillan Cancer Support.
- Workforce: announcements in the FYFV update on radiologists and endoscopists. Health Education England (HEE) produced a draft strategy, which is not yet ready to be published - the plan is to get it ready for June 2017. Many members outlined their disappointment at lack of engagement and continued delay.
• **Quality of life metric for cancer**: The national pilot will be established from April 2017. A Steering Group is currently being set up and will oversee delivery of the pilot.

• **Patient experience**: Neil Churchill is leading a piece of work looking at access and equality. This is due to come to the next Transformation Board (in June) for discussion.

• **Cancer Dashboard**: JL asked if the next stage of development for the dashboard would incorporate data for rare and less common cancers. CP to look into.

• **Programme Governance Resource**: as move from design to delivery the structure for programme governance and oversight is being reviewed.

• **Screening programme**: DM raised concern over the threshold level that the FIT test is being introduced to the programme at.

4. Feedback from members

• **Prevention (Alison Cox)**: there is due to be an update on cancer strategy at the next FYFV Prevention Board in June. Whilst there is an obesity plan we would still like to see new Government take further action. Tobacco Control Plan has been pending for a while.

• **Workforce (Emma Greenwood)**: through the Workforce Oversight Group have seen draft strategy from HEE. CRUK, working through 2020 Delivery, are in the final stages of research looking at the non-surgical oncology workforce. Aim remains to publish in June.

• **Early Diagnosis (Charlotte Beardmore)**: the ED oversight group have agreed there are 22 objectives that need to be delivered by the programme. Focus had been on diagnostic capacity fund, more recently the focus has moved to transformation funding. They have received update on progress with FIT.

• **Patient Experience (Jane Lyons)**: There are quarterly calls to update on the work in this area, and the engagement with stakeholders is working well. Highlights include work on Clinical Nurse Specialists, measuring experience of CTYA and the ongoing commitment to CPES.

• **Living With and Beyond (Nicola Beech)**: Sense that good progress across a number of the recommendations. Desire for greater transparency on how the transformation funding decisions are made. Plans are being developed to create some IT, internet shared platforms for discussions and engagements.

• **Specialised Commissioning (Emma Greenwood)**: Scoping work on undertaking surgical review – PHE has been working with the Clinical Reference Group. Progress on radiotherapy service review – public consultation on hold due to General Election.

• **Commissioning, provision, accountability (Delyth Morgan/Kate Lee/Linda Pepper)**: mainly focused on Alliances. KL noted it was not clear what accountability there is if the Alliances don’t deliver their plans. LP flagged that patient input is underutilised. Concern remains that the vanguard model may not be replicable in other areas.

5. Discussion on 2 year progress report

• The group discussed the themes they would like to draw out in their commentary two years into the programme.

• The group want to see detail of progress across every recommendation from the Transformation Board.

• The group decided not to commit to approach on format or publication of NCAG commentary until have seen the draft progress report from the Transformation Board.