

PUBLIC MINUTE

INDEPENDENT NATIONAL CANCER ADVISORY GROUP

Minutes of the meeting held on Tuesday 8th March

Present: Derek Alderson (DA), Charlotte Beardmore (CB), Nicola Beech (NB), Emma Greenwood (EG), Johnathan Joffe (JJ), Harpal Kumar (HK), Suzy Lishman (SL), Jane Lyons (JL), Giles Maskell (GM), Delyth Morgan (DM), Linda Pepper (LP), John Reeve (JR), Fran Woodard (FW)

Apologies: Paul O'Flynn (DA deputising), Richard Roope

Guests: Dan Hughes-Morgan (DHM), Cally Palmer (CP)

1. Welcome, apologies and introductions

The Chair welcomed the members to the first meeting of this group.

2. Background/overview

The Chair provided background on the work of the Independent Cancer Taskforce, and a brief summary of developments since publication of Achieving World Class Cancer Outcomes.

3. Terms of Reference

The group discussed whether we had the right expertise represented. It was felt that further consideration was needed about representation from the Children, Teenagers and Young Adults (CTYA) cancer community. ***HK to approach an appropriate organisation for a CTYA representative.***

There was agreement that the ToR should reflect the language used in recent NHS England board papers and that it should be clearer on duration of service. ***ToR will be updated to state responsibilities to 'scrutinise' and 'challenge'. The ToR will be amended to be clearer on terms of service for members.***

There was a discussion on confidentiality. Future papers and agenda items will be clearly marked when confidential.

4. Update from National Cancer Director

CP provided an update from the Transformation Board. There was a wide ranging discussion across many issues. The following points were raised by members:

- Need to consider the management of pathways across cancer types where there is less well defined national guidance
- The role of Multidisciplinary teams is key
- The gateway points from Vanguards/Alliances through to Accountable Cancer Networks need to be better understood, and would be keen to understand how prevention and research agendas fit into the model

- Want to see charity and patient representation on oversight groups for the strategic priority workstreams
- Need to start getting communications into the service as the impact is that decisions are being delayed e.g. radiotherapy upgrade bids delayed
- Need to consider the wider impact of devolution, not just impact in Manchester
- Query over whether people on the ground were empowered and supported to deliver the change needed, given current capacity challenges
- Must ensure that we have metrics that pick up those people that don't enter the system through referral pathways – i.e. those that come through a&e

On the back of the discussion it was agreed that a number of points will be fed back to the Transformation Board from the Advisory Group Chair at their next meeting.

5. Plans for measuring progress/work programme

The group discussed how they would like to work.

Agreement that future meetings will follow the following structure:

- Run through strategic priorities and assess progress
- Look across the priorities, identify common themes
- Transformation Board to identify specific areas in which they want Advisory Group input
- Once a year consider progress on the Ambitions
- Year 2 and 3 start to identify emerging thinking for future cancer strategy (i.e. post 2020)

Members agreed that they would complete a Conflicts of Interest form.

Members discussed the requirement for annual reporting. There was agreement that it would be beneficial to ensure any output from the Advisory Group was timed to coincide with an assessment from the Transformation Board. The output from the Advisory Group would need to be independent of the Transformation Board.

6. CCG Improvement and Assessment framework

The Chair updated the group on progress to date. Concerns from the group were raised about whether the output would be useful for patients, whether the volume of work was feasible for the subgroup, and how the process would work across the clinical areas. These points will be reiterated with NHS England.

7. AOB

Agreed that meetings will be set 3 times a year for the first 2 years.