Kent and Medway Cancer Collaborative

Head & Neck Tumour Site Specific Group meeting
Monday 20th September 2021
Microsoft Teams
13:30-16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Nic Goodger (Chair)	**NG**	Consultant Maxillofacial Surgeon	EKHUFT
David Tighe (Vice Chair)	**DT**	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Alistair Balfour	**ABa**	Consultant ENT, Head & Neck and Thyroid Surgeon	EKHUFT
Rob Hone	**RH**	Consultant ENT Surgeon	EKHUFT
Sue Honour	**SHo**	Macmillan Lead Head & Neck and Thyroid CNS	EKHUFT
Andrew Elder	**AE**	Consultant in Restorative Dentistry	EKHUFT
Anna Brown	**ABr**	Macmillan Speech & Language Therapy Support Worker	EKHUFT
Claire Forsyth	**CF**	Macmillan Speech & Language Support Worker	EKHUFT
Sarah Hale	**SHal**	Speech & Language Therapist	EKHUFT
Eranga Nissanka-Jayasuriya	**ENJ**	Consultant Cellular Pathologist	EKHUFT
Vikram Dhar	**VD**	Consultant ENT and Head & Neck Surgeon	EKHUFT
Kemal Tekeli	**KT**	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Lakshmi Rasaratnam	**LR**	Consultant in Restorative Dentistry	EKHUFT
Ali Al-Lami	**AAL**	Consultant ENT / Head & Neck Surgeon	EKHUFT
Samantha Briggs	**SB**	Acute Speech & Language Therapist	DVH
Michelle McCann	**MM**	Operational Manager for Cancer & Haematology	DVH
David Osborne	**DOs**	Data Analyst	KMCA
Serena Gilbert	**SGi**	Cancer Performance Manager	KMCA
Karen Glass	**KG**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Colin Chamberlain (Notes)	**CC**	Administration & Support Officer	KMCC
Deborah Owen	**DOw**	Macmillan Head & Neck CNS	MFT
Jeremy Davis	**JD**	Consultant ENT Surgeon	MFT
Debbie Hannant	**DH**	Macmillan Head & Neck CNS	MFT
Jennifer Priaulx	**JP**	Macmillan Cancer Transformation Project Manager	MFT
Evelyn Bateta	**EB**	Macmillan Head & Neck CNS	MTW
Kannon Nathan	**KN**	Consultant Clinical Oncologist	MTW
Daniel Miller	**DM**	Head & Neck Specialist Radiographer	MTW
Ruth Casey	**RC**	Macmillan Head & Neck CNS	MTW
Jennifer Turner	**JT**	Consultant Clinical Oncologist	MTW

Anthi Zeniou	**AZ**	Consultant Clinical Oncologist	MTW
Chris Singleton	**CS**	Senior Programme Manager - KMCA	NHS Kent & Medway CCG
Kate Regan	**KR**	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway CCG
Brian Bisase	**BB**	Consultant Maxillofacial Surgeon	QVH
Daniel Butler	**DB**	Locum Consultant Plastic and Head & Neck Surgeon	QVH
Paul Norris	**PN**	Consultant Maxillofacial Surgeon	QVH
Elizabeth Moore	**EM**	Senior Clinical Dietitian	QVH
Claire Rodd	**CR**	Advanced Specialist Speech & Language Therapist	QVH
Victoria Worrell	**VW**	Access & Performance Manager	QVH
Navdeep Upile	**NU**	Consultant Otolaryngologist Head & Neck Surgeon	QVH
Adiola Katandika	**AK**	Macmillan Head & Neck CNS	QVH
Apologies			
Sarah Haslam	**SHas**	Registered Dental Nurse and Oral Health Practitioner / Mouth Care Specialist Nurse	DVH
Pippa Miles	**PMi**	Senior Service Manager – CCHH Care Group	EKHUFT
Chris Theokli	**CT**	Consultant ENT / Head & Neck Surgeon	EKHUFT
Abbi Smith	**AS**	Macmillan Head & Neck and Thyroid CNS	EKHUFT
Lydia Capon	**LC**	Oncology Dietitian	Kent Community Health NHS Foundation Trust
Jessica Zubek	**JZ**	Head and Neck Oncology Dietitian	Kent Community Health NHS Foundation Trust
Stefano Santini	**SS**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Sona Gupta	**SGu**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Rakesh Koria	**RK**	Macmillan GP Associate Advisor for Kent and Medway & NHSE GP Appraiser	NHS Kent & Medway CCG
Vaughan Lewis	**VL**	Regional Medical Director and CCIO	NHSE/I
Laurence Newman	**LN**	Consultant Maxillofacial and Head & Neck Surgeon	QVH
Montey Garg	**MG**	TIG Head & Neck Fellow	QVH
Anwer Abdullakutty	**AA**	Consultant - OMFS	QVH
Pauline Mortimer	**PMo**	Lead Cancer Nurse and Macmillan Head and Neck CNS	QVH
Aakshay Gulati	**AG**	Consultant Oral & Maxillofacial Surgeon	QVH

Item		Discussion	Agreed	Action
1	**TSSG Meeting**	**<u>Apologies</u>** • The apologies are listed above. **<u>Introductions</u>** • NG welcomed the attendees to the meeting and asked new staff members to introduce themselves.		

		Review Action log • The action log was reviewed, updated and will be circulated along with the final minutes from today's meeting. **Review previous Minutes** • The final minutes from the previous meeting which took place on 16.03.2021 was reviewed. A typo relating to the meeting date at the top of the minutes was noted and CC has since rectified this. It was then agreed the minutes could be signed off.		
2	**Research**	**Presentation provided by Claire Rodd** • CR referred to the SAVER study, which is still running at QVH. The study has a recruitment target of 110 patients over the period of 32 months. The recruitment target for QVH specifically is 1 per month. • CR stated PATHOS is open to recruitment at EKHUFT. AAL confirmed he has 1 patient who is about to sign up for this trial. • The Best OF study is in the pipeline with the intention that surgical input would come from QVH and the oncology input from MTW. **Kent algorithms – presentation provided by David Tighe** • There are 3 risk-adjusted algorithms embedded in to QOMS, one of which was picked up by Professor Christian Simon (Lausanne – Switzerland). He proposed a multi-centre trial (9 European centres, 1 UK centre and 1 USA centre) with a £6m Horizon grant. The bid date for this is 21.09.2021.		
3	**Horizon Scanning**	**QOMS – presentation provided by David Tighe** • East Kent are 1 of 10 pilot sites which has been given £6000 worth of funding and have appointed a waiting list clerk to collect data for all aspects of QOMS which she has been doing for the last 3 weeks. • 7 units have engaged with this workstream without receiving funding. • The provisional date for the first annual report is 01.10.2022. • DT referred to the RCT work flow which moves from: preoperative analysis (offline) → intraoperative analysis (online) → post-operative analysis (verification). • DT also referred to the RCT overview which details the trial structure (including inclusion criteria). **Update on FDS/28 days provided by Serena Gilbert** • At previous meetings, the group may have been asked to contribute to feedback on a consultation document for what was expected to be the Head & Neck 28d pathway (which SGi shared on the screen and in the meeting chat) with an emphasis on informing patients whether they do or do not have cancer within 28 days of referral. This involves pulling the clinical triage to the front of the pathway and getting as many tests done in the early phase as possible. • SGi has not received much feedback on the proposed pathway from colleagues across the patch but highlighted the fact this will be implemented in the near future. • Overall FDS performance for Head & Neck (in shadow reporting form) is over 80% across all 4 Trusts (the standard is 75%).		

		• SGi informed the members there have been some concerns raised in relation to this pathway which have been communicated to the national team. • Pending any edits to the document, the national team will be responsible for sharing this once it has been finalised. • With regard to days 0-3 (clinical triage by suitably experienced clinician), DH asked whether this would be the responsibility of the CNS' or consultants. SGi stated it is up to the individual Trusts as to who this should be assigned to. • SHo stated there are challenges with regard to the provision of diagnostics (MRI scans, ultrasound biopsies, CT scans and other imaging) and a limited number of pathologists who can undertake Head & Neck work as it specialised. In principle, she believes this standard could be of benefit to patients but there needs to be ample provision in place for it. • NU believes significant capital investment would be required in order to have MRI reporting within 3 days of the scan. He supports the need to give patients a diagnosis quicker but highlighted the need to take the logistics of this in to account and to identify problem areas so resources can be directed there. • The KMCA would be happy to support the Trusts in identifying the steps in the pathway which require the most help. • JD believes the clinical triage section should be removed from the 28d pathway as they have an e-referral system in Kent & Medway which GPs use to refer patients for diagnostics. • JD stated MFT are working towards reported imaging within 7 days of request. Currently they have reduced this to 9 days for MRI and CT (although they had a blip in August 2021 due to COVID, annual leave and a power supply issue which has made it more difficult to put in additional scanners). • JD believes the single most important factor in working to meet this standard is to concentrate on resolving the imaging issues. Furthermore, he believes the Trusts' CEOs need to be held to account and asked to produce their turnaround times from request to reported result. Furthermore, he highlighted the importance of Trusts sending letters to patients who do not have cancer by day 28 (if they do not see them face-to-face that is). NG confirmed EKHUFT do this and are chased by the cancer pathway coordinators when required. • KN mentioned it is important to inform patients they are: on this pathway, they may have to go to multiple diagnostic centres/hospitals for imaging and they could be contacted at short notice to attend these. He also believes work needs to be undertaken on managing expectations. • RH confirmed EKHUFT are going to set up a local anaesthetic biopsy group for pharynx and larynx cases as they purchased some new kit for this and it should result in obtaining a diagnosis for the obvious tumours. • In summarising, NG noted there are concerns around radiological capacity and the ability to report tests urgently within the context of this standard and therefore there is a need for this to be taken forward by the KMCA with radiology colleagues – and to possibly support them by providing equipment and/or recruiting additional staff to ensure there is enough capacity to get the scans done in time.		
4	**Performance**	**<u>EKHUFT – update provided by Sue Honour</u>** • They achieved the 2ww standard in June and July 2021 and are predicted to meet the target in August		

		2021 too. Daily calls with the team ensure capacity is managed to ensure compliance. • In relation to the 31d target, they achieved this in June 2021, failed to do so in July 2021 (due to elective capacity issues) and are likely to fail it in August 2021 too (also due to elective capacity issues). Daily calls with the team ensure capacity is managed and engagement with the team ensures compliance as any issues can be addressed quickly. Weekly PTL meetings are held. • EKHUFT failed to achieve the 62d standard in June 2021, met the target in July 2021 and are predicted to meet it in August 2021 too. SHo believes EKHUFT may fail the standard for September 2021 due to the impact of staff going on annual leave. • In terms of 104d+ cases, they had 1 in June 2021, 0 in July 2021 and are likely to have 0 for August 2021. • In relation to backlogs, they had 10 in June 2021, 7 in July 2021 and are predicted to have 10 in August 2021. 3 patients have been treated and are waiting on histology and the other 7 have investigations booked in. • With regard to 28d data compliance, they have been compliant with this from June to August 2021. Their Head & Neck Navigator recently left but a replacement has been appointed. Daily calls with the team ensure investigations are raised if waiting times are too long. Capacity is managed to ensure compliance and patients have access to the cancer Head & Neck Navigator to discuss investigations/appointments with the aim to reduce delays in the pathway. • In terms of 28d data completeness, they are achieving this. There is dedicated administrative support for the 28d piece in place to improve data collection and accuracy. They are working with the Navigators to ensure they are entering the 28d data on InfoFlex as soon as it becomes available. • Risks and barriers to delivery of service due to COVID include: the risk of patients' self-isolation, an increased risk of lack of beds as we head into the winter months and theatre staffing issues resulting in reduced theatre capacity. • They have no outpatient capacity issues. • Delays to diagnostics impacts on their breach dates, resulting in shorter time given for surgery/oncology planning. • In terms of mitigating actions which are being taken to improve performance/decrease backlogs, they are: conducting a weekly PTL, escalating delays to the appropriate departments and employing a multi-professional clinical/managerial approach. • They are being supported by NHSE to carry out a pathway review and have just received a report back and will be reviewing the outcomes and actions. **<u>MFT – update provided by Jennifer Priaulx</u>** • With regard to the 2ww standard, they failed to achieve this in July 2021, appear to have passed it for August 2021 (although the data is unvalidated) and are currently not meeting the target for September 2021. • In relation to the 31d target, they had no patients for July 2021, appear to have achieved the standard for August 2021 (although the data is unvalidated) and currently have no patients for September 2021.		

		• For the 62d standard they had no patients in July 2021, appear to have achieved the target in August 2021 (although the data is unvalidated) and currently have no patients for September 2021. • They had no 104d+ cases in July 2021, appear to have no cases in August 2021 (although the data is unvalidated) and currently have no patients for September 2021. • In terms of backlogs, they had 1 in July 2021, appear to have none in August 2021 (although the data is unvalidated) and currently have no cases for September 2021. • MFT's data compliance for July 2021 is 81.48% and they have therefore achieved the target. • Work is being undertaken to look into the joint pathway between DVH and MFT patients. • Patient choice and capacity issues have resulted in breaches. • MM stated DVH have been working with MFT in order to put some measures in place and there is now an allocated pathway lead who will be the point of contact for MFT. This lead will be responsible for sending over the 2ww referrals on a daily basis, joining the weekly PTL and will be the point of contact for chasing diagnostics. DVH are also having weekly meetings with their radiology colleagues and have been informed there will be a new staff member putting on clinics once a week (Monday afternoon) for neck biopsies. • Following the review of the data, JD and NU stated they believe the figures presented are incorrect. **Action: JP confirmed she would liaise with James Shaw to look in to this.** **MTW – no-one from the Trust attended to provide an update** • They failed to meet the 2ww standard in May 2021, achieved it in June 2021 and are predicted to do so again in July 2021. A lot of coordinated work with the services has been undertaken in order to match capacity with demand. • The Trust met the 31d target in May and June 2021 and are likely to achieve it in July 2021 too. • MTW failed to achieve the 62d standard in May and June 2021 and are likely to fail it in July 2021 too. This is due to changing demand and availability of radiological diagnostics which have a strong presence throughout the Head & Neck pathway. They have also seen increased numbers of Head & Neck oncology referrals in for computed radiography or radiotherapy. • They had 1 104d+ case in May 2021, none in June 2021 and are likely to have 1 in July 2021. Few patients go over 104d on the PTL. These patients often breach as a result of swapping tumour site pathways during investigation stages. • In terms of backlogs, there was 9 in May 2021, 5 in June 2021 and there are likely to be 2 in July 2021. Backlog numbers remain low and overall numbers fluctuate depending on referrals into the organisation. • With regard to 28d data compliance, for the period of May to July 2021 they failed to achieve the target. They also failed the target for July 2021 alone. • In terms of 28d data completeness, they are reviewing patient letters to ensure quick communication with those taken off the cancer pathway due to benign diagnoses or there being no cancer found. • Concerns include there being reduced clinic capacity due to diagnostics used being aerosol generating (nasendoscopies) and some patients have chosen not to come in to hospital for		**JP**

		appointments/diagnostics/treatment. • Their 62d+ backlog remains low and performance fluctuates around 85%. • The service has appointed a pathway coordinator within Head & Neck to support the booking of diagnostics, appointments and surgeries. This has helped significantly to ensure timely steps within the pathway. • There has been an increase in both 2ww and outpatient capacity to see patients ahead of MDM treatment coordination. • Pathway mapping is being undertaken to ensure scanning is in line with TCI dates and efficient consultant review processes to ensure timely decisions on next steps. • Breach reasons include: swapping between diagnostic pathways, complex diagnostic pathways needing multiple biopsies and patient choice. • With regard to theatre and outpatient capacity, they are meeting the demand. **QVH – update provided by Victoria Worrell** • They achieved the 2ww standard for June and July 2021 and are predicted to fail the target for August 2021. There has been a large volume of patient choice breaches over August and into September 2021 due to annual leave. Over the last 3 months Head & Neck 2ww referrals have seen a 47% increase compared to baseline. In the year to date, 60% of 2ww referrals are from the Kent region. • With regard to both the FDS data compliance and completeness standards, they achieved these in June and July 2021 and are predicted to meet the targets for August 2021 too. They are starting to see a slight decline in performance due to the benign letter not being used as frequently and challenges within follow-up OPA capacity for benign results. • In relation to the 31d standard, they failed to achieve this in June 2021, achieved it in July 2021 and are predicted to do so again for August 2021. They are continuing to see an increase in the number of diagnoses and the number of major cases. In the year to date, 62% of treatments are from the Kent region. There are also challenges with a number of patients testing positive or having to self-isolate due to COVID. • QVH achieved the 62d standard in June and July 2021 but are predicted to fail it in August 2021. Breach reports are showing multiple small delays along different milestones and reports are not showing lengthy pathway delays. • In terms of 104d+ numbers, they had 2 in June 2021, 1 in July 2021 and are predicted to have 1 for August 2021 too. As the figures indicate, the numbers remain low however the Trust is committed to having 0 patients over 104d. • With regard to 62d+ cases they had 3 in June 2021, 2 in July 2021 and are predicted to have a total of 5 in August 2021. They have seen an increase in cases in August and continuing into September 2021 due to late tertiary referrals and getting benign patients seen. • There are ongoing risks relating to: patients delaying/being unable to attend for treatment for COVID and non-COVID reasons, staffed theatre capacity, the large volume of late referrals from other Trusts (they have received 5 referrals past 104d in August 2021 and over 20 referrals past 62d) and an		

		increase in 2ww numbers. • Trust-wide recovery workstreams are underway. They continue to scrutinise the PTL, to include clinical input. • There has been an increase in major cases and the number of diagnosed patients is putting pressure on the current theatre capacity. • With regard to outpatient capacity: - They are having challenges with 2ww capacity for both ENT and maxillofacial services for September and this is likely to extend into October 2021. - A service-level demand and capacity report will be presented at the September 2021 Cancer Board and the service will be asked for a trajectory and plans to ensure compliance. - Follow-up capacity is challenged, encouraging consultants to use the benign letter but a proportion of patients need to be seen back in clinic for the benign results. The lack of clinic space is contributing to delays in the pathway. • They are continuing to treat over 90% of late referrals within 24 days. • They have a twice weekly PTL which is dedicated to confirmed and highly suspected cancers. • They have worked on updating their cancer improvement plan. • QVH continue to meet the cancer planned activity levels for 2ww and 31d treatments. • Scoping for cancer priorities is underway with regard to health inequalities. QVH is now live as an early adopter site for a community diagnostic hub. • Avoidable breach reasons include: patients being first seen between 7-14 days and same day MOS not being available for all 2ww clinics. • Non-avoidable breach reasons include: multiple diagnostics required at different hospital sites (for example PET CT) and complex diagnosis/multiple primaries. • It was felt 6 months' worth of data should be presented at future meetings and be shared with provider colleagues before it is presented at this forum – preferably with sign off by the lead clinician.		
5	**Clinical Audits**	**<u>Update provided by Vikram Dhar</u>** • At the last meeting, Craig Hickson identified the length of time to ultrasound and biopsy for neck lumps at EKHUFT. There was discussion on this and it was agreed the best way to move forward would be to have designated ultrasound biopsy slots. A meeting with radiology has already taken place, and another one is scheduled for October 2021, to try and get them on board with this. • NU stated QVH are actively trying to work towards having a one-stop virtual clinic, collating the 5 people who most need a biopsy within 1 week and giving them a designated slot. • BB highlighted that during COVID, when most of their work was dedicated to cancer, QVH managed to secure 3 designated ultrasound biopsy-type clinics each week. In the post-COVID era, they have had more radiologists available but paradoxically less capacity to continue those clinics due to the work associated with restoration and recovery. • **<u>Action:</u> VD to contact Emma Yale and the Head & Neck leads at each Trust to articulate the following, as per agreement at the TSSG:**		**VD**

		1. All Trusts are to liaise with their Pathway Analysers to retrospectively determine where they are with regard to time to ultrasound and biopsy for neck lumps. **2. All Trusts are to liaise with relevant colleagues in order to try and secure designated ultrasound biopsy slots.**		**All Trusts**
6	**Clinical Pathway Discussion**	**Pathway of Care** • Since the last meeting, NG has inserted a section on Teenagers and Young Adults (5.8 on the PoC document) which is compliant with TYA and IOG guidance. • LN felt an overarching statement from BAHNO was required and this was also added to the document. • DH stated the document should also reference who the TYA CNS' in both East Kent and West Kent are. **Action: DH to email NG some wording to articulate this addition to the PoC document.** • Pending the above change, the consensus from the TSSG is this document can be approved as a final version. **High Operational Pathway** • The HOP was reviewed and it was agreed the document could be signed off as a final version.		**DH**
7	**CNS Updates**	**EKHUFT – update provided by Sue Honour** • AS has been in post for 18 months now. • They are looking to recruit an additional Cancer Support Worker once the job description has been finalised and the advert goes out. • They have worked with Emma Yale to complete a head and neck pathway review, looking at historic patients (cases anywhere between 6-12 months ago), in order to determine where the gaps are and what areas require improvement. As part of the review, they looked at the roles of Support Workers and Pathway Navigators. SHo is happy to provide an update on this at the next meeting if required. • Counselling support for cancer patients has been limited due to the capacity of their counselling team (which comprises of 2 part-time counsellors). SHo has been able to link in with a counselling provider and they hope to have early access counselling for their patients with designated slots. This may mean counsellors could be on site at the time they hold their clinics. **MFT – update provided by Debbie Hannant** • DH introduced DOw as their new Head & Neck CNS. **MTW – update provided by Ruth Casey** • MTW have initiated a holistic needs clinic for pre-treatment patients. **QVH – update provided by Adiola Katandika** • PMo will be retiring shortly and her post has gone out to advert. EB will provide cover at Tunbridge Wells hospital from an ENT perspective and their newly appointed CNS will cover at QVH. Furthermore, the Trust hope to recruit an additional CNS in due course.		

		• AK stated they would normally have the Headstart group meeting on a quarterly basis but due to COVID this has not happened for some time. • Their Macmillan manager has been working on uploading a health and wellbeing library resource to their intranet.		
8	**How to empower practice nurses to complete cancer care reviews**	**<u>Presentation provided by Kate Regan</u>** • They have appointed a Band 6 in order to support with engagement work across Kent & Medway. • KR works closely with RK, particularly with regard to delivering education, and has also had a lot of support from SHo over the last 4 years in delivering practice nurse education. They have held Best Practice Forums in addition to a masterclass and SHo has previously spoken about HPB and the links to oral cancer. • 2017-2020 saw the delivery of Practice Nurse cancer training in both East Kent and Medway. • Nurses attended a 6 month training course facilitated by Macmillan and supported by CNS teams. • Their main objective is to empower Practice Nurses to support people living with cancer as a long-term condition and to complete a holistic cancer care review to help address and support unmet needs. • Practice Nurses across Kent & Medway have been offered the training. • They have delivered training virtually but with the same objective of improving patient experience and care and supporting them with health and wellbeing. • CNS teams are made aware nurses may be in contact in order to help build relationships and break down barriers. • They have previously supported a shadowing model but this is currently on hold due to the pandemic. • They are currently working on a consecutive offer (the previous training has been offered annually). • They would like CNS' across Kent & Medway to offer their expertise to the training. • They would like CNS teams to be aware that Practice Nurses are undergoing this training and to accommodate any questions which may come their way. • They would like to develop a community of practice to share best practice and to work collaboratively. • DH confirmed she had shadowed Practice Nurses previously from the Medway area and would be happy to support them again if required. • KR informed the group they put on 'lunch and learns', one of which is taking place tomorrow (for Acute Oncology), which functions as an awareness session.		
9	**Cancer Alliance update**	**<u>Presentation provided by Chris Singleton</u>** • CS provided an overview of the National Cancer Programme, which includes information on: - The impact of COVID-19 on cancer services. - Recovery priorities (2021/2022 cancer services recovery aims, 2021/2022 key actions and cancer recovery funding). - Getting people into the system ('Help us help you' campaign). - Investigations and diagnoses (Rapid Diagnostic Centre pathways, Targeted Lung Health Checks and Accelerating innovation). - Treatments (Surgical hubs and 'COVID-friendly' treatments). • The Programme's key actions include:		

		- Running the NHS' 'Help Us Help You' campaigns to raise awareness of cancer symptoms and encourage people to see their GP. - Delivering full recovery of cancer screening programmes. - Working with primary care to find and refer people with suspected cancer quickly. - Trialling new approaches to get people into the system quickly, such as 'cancer hotlines'. - Implementing Rapid Diagnostic Centre pathways. - Expanding the reach of Targeted Lung Health Checks. - Adopting innovations such as Colon Capsule Endoscopy. - Introducing new clinic models such as tele-dermatology and nurse-led triage for prostate cancer. - Extending the use of surgical hubs. - Continuing to adopt COVID-friendly treatments and use the over 40 already introduced. - Implementing personalised stratified follow-up pathways. - Supporting access to the independent sector. • CS gave an update in relation to the following workstreams: - Rapid Diagnostic Services. - The Faster Diagnosis Standard – 28 days. - Earlier Cancer Diagnosis. - Personalised Care & Stratified Follow Up.		
10	**CCG update**	• Subject to parliamentary approval, the CCG will be transitioning to an Integrated Care System model.		
11	**AOB**	• No-one had anything to raise under any other business.		
	Next Meeting Date	• Tuesday 29th March 2022 (13:30-16:30) – Microsoft Teams		