Transcript from the roundtable session with clinicians and practitioners, feedback session (ECS0043)

Transcript of feedback session for the roundtable event held with the Health and Social Care Committee Cancer Services Expert Panel and cancer service clinicians and practitioners, Tuesday 1st February 2022.

Due to technical issues, the beginning of the recording was missed. The facilitators from each group were asked to provide feedback on the main talking points from their group.

Stephen Peckham (Group 2): It was felt that there may be too much emphasis on the care plan per say, and that there were issues of continuity and support. It was felt that care plans should be much more dynamic and be seen as an opportunity to bring different clinicians and the patient together. They should go beyond the end of treatment, so that it goes on in terms of patient education and patient support. On diagnosis, there was a feeling that the target to have more diagnosis at stage one and two was too much of a blunt tool, but there was a bit more of an open discussion about the 28 days.

Jane Dacre (Group 1): I think we had similar discussions as well. Group 3.

Minesh Patel (Group 3): We had a really rich discussion, and I'm just going to pull out the highlights. A lot on workforce and we heard of the big challenges, from pretty much everybody, in terms of being able to provide that quality of care. When we spoke about care planning, we heard that quite often the health needs assessment is happening at the start of the process, but what we need to see is that being an ongoing conversation as patients needs change and develop. We spoke about the diagnosis target and the difficulties with achieving that. The challenges, and these were pre-pandemic, include the complexity of diagnosing certain types of cancer and workforce shortages particularly in fields like radiology. With research and trials there was a general feeling that those are useful, but there can be a local variability. It was felt that, as with any new types of treatment and innovation, that staff need to be trained to adequately deliver these. A lot of this came back to staffing and training as the big fundamental issues that underpin a lot of this.

Robert Francis (Group 4): I think I'll start with research, as a lot of our discussions on the other areas have been raised by other facilitators. What came out is that there is some good stuff going on, but it's hugely variable and there are some places and areas that are neglected completely, and patients are not getting a fair crack at clinical trials. On diagnostics, the point was made that the more diagnostics you do, the more treatment you've got to give so this has all got to be part of a coherent whole. Personalised care planning was felt to be a good idea, but very few people had the resources to get it done properly; it's time intensive and not everybody has the time available. And it's worth repeating that workforce underpins everything. I think an interesting point that we came up with, and they can correct me if I'm wrong, but I got the sense that out group really valued talking across disciplines and they thought that this was one of the first occasions when any such thing had happened nationally.

Jane Dacre: Thank you. We'll bring in group 5, but before that I'll just say that genomics seems to be a complete timebomb waiting to go off in terms of diagnostics- that's what came out of our group.

Nikki Morris (Group 5): Again, we had a rich discussion that validated a lot of the things that have been said. We heard that it's not just about staff numbers- which is obviously an issue- but about retention, so retaining those skills and expertise. We agreed that a lot of these issues were pre-

COVID and have not been caused by COVID. There are geographic disparities and there is a need to know the demographics of a local population so that you know what is needed- you might have the same equipment, but if you've got different demographics there may be a different level of need for that equipment. There was a whole issue around providing the core services versus the innovative technology and treatment and wishing that there wasn't that pull in both directions. Wanting the innovation and treatments, but not at the expense of the core service.

Jane Dacre (Group 1): Thank you, very important points. The other thing that came up in our group is that it's not just about the sparkly whizzy bits, but the bits that make the sparkly whizzy bits function and these seem to be undervalued or under-thought about. Somebody has a hand up.

John Appleby (Group 5): I just wanted to add that I cheekily asked our group if they were to rate overall cancer services, using CQC style ratings, what would they give it.

Jane Dacre (Group 1): Getting them to do our work.

John Appleby (Group 5): Yes. It was interesting, as we have to get to grips with this and it's difficult, but correct me if I'm wrong group 5, but it was somewhere between inadequate and requires improvement and maybe edging towards requires improvement. I thought that was interesting.

Jane Dacre (Group 1): That is very interesting. I don't know whether people around the room fancy giving us a thumbs up if you agree with that rating, just to help us with our work. So we are getting quite a lot of thumbs up, so no pressure on us the to get the right answer later. We've got around two minutes left and we'll just talk about the next steps. All of this information is going to be transcribed, and it then goes into the qualitative research hopper. It will be put together with the information that we're getting from written submissions, as well as the information that we have from patient groups and published data. We use a method that's loosely based on Realist Review, which uses all sorts of different sources of information, and puts them together, to answer the questions that we've been asking you across the four areas that we're looking at: workforce, personalised care plans, diagnostics and innovation. We then come up with CQC style ratings. Our report feeds into the Committee's work; they read it, they accept it (we hope, though they haven't rejected one yet) and then it's referred to in their report which means that there is an obligation on the Government to feedback on what we've said and how they're going to approach it. So those are the next steps. Yohanna, would you be able to talk about the dates of the project?

Yohanna Sallberg: We're hoping to get it published at the beginning of April. It's a pretty tight timeframe for us, we really appreciate all the fantastic insight you've been able to provide today which is going to be immensely helpful to the panel.

Jane Dacre: It just remains to say that you've been a fantastic group to work with. Thank you everybody for giving your time and for coming along.

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