

Greater Manchester Cancer

Breast Pathway Board

Date of Meeting: 18th January 2017

Time of meeting: 2pm – 5pm

Venue: Meeting Room 6, Trust Administration, The Christie NHS Foundation Trust

Attendance	Representation
Mr Mohammed Absar (Chair)	Pathway Director, Consultant Breast Surgeon, Pennine
Gillian Hutchison	Radiology Representative for GM
Coral Higgins	Commissioning Representative, Manchester CCG
Vanessa Pope	Consultant Breast Surgeon, Mid Cheshire
Karen Livingstone	Allied Health Professional, Physiotherapist, UHSM
Clare Garnsey (CG)	Consultant Breast Surgeon, Bolton
Jo Taylor	Patient Representative
Chandeena Roshanlall	Consultant Breast Surgeon, East Cheshire
Sumohan Chatterjee	Consultant Breast Surgeon, UHSM
Nigel Bundred	Research Lead, UHSM
Kathryn Place	Macmillan Transformation Manager (LWABC), WWL
Amanda Myerscough	Primary Care Representative (Macmillan GP)
Deborah Watts	Patient Representative
Richard Johnson	Consultant Breast Surgeon, UHSM
Gerard Lambe	Consultant Plastic & Reconstructive Breast Surgeon, The Christie
Apologies	
Vanessa Hickson	Macmillan Breast CNS, Tameside
Arora Pardeep	Consultant Breast Surgeon, Tameside
Anneela Saleem	Primary Care Representative
Michael Crotch-Harvey	Radiology Representative, East Cheshire
Claire E. Gaskell (CEG)	Secondary Breast Cancer Nurse Specialist, Christie
Clare Brearley	Advanced Nurse Practitioner, Pennine
Emma Reid	Radiologist, Stockport
Mark Pearson	Histopathology Representative
Vivek Misra	Consultant Clinical Oncologist, The Christie
Amar Deshpande	Consultant Breast Surgeon, WWL
Anne Armstrong	Medical Oncology Representative, Christie
In attendance	
Michelle Leach	Macmillan User Involvement Manager, GMC
Nicola Remington	Greater Manchester Cancer Pathway Manager
Paula Daley	Macmillan User Involvement Manager, GMV
Guy Hamilton	Project Lead, NHS Transformation Unit
Michelle Harvie	Research Dietitian, Nightingale & Genesis Prevention Centre

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1. Welcome, introductions and apologies

Deborah Watts (DW) was welcomed to the board as a patient representative.

2. Minutes of last meeting


The minutes of the last meeting were reviewed and approved.

Comments from Minutes:

- **Item 1. d. Breast Clinics without appropriate Radiology provision** - KP stated that she would secure further clarification regarding One-Stop clinics at WWL having appropriate radiology cover.
- **Item 1. e. ABS Audit** – MA confirmed that he has received all audit data from Maria Bramley and will amalgamate and share for next PB meeting.
- **Item 3. b. i. Metastatic Data – what should we be looking for?** JT highlighted that has questions regarding currently available Mets data which she will forward to the board (NR) in order to be directed to Dr Juliette Loncaster (Consultant Clinical Oncologist, The Christie). Board agreed to ascertain if all Mets patients data is being captured and will conduct an audit at Pennine & WWL.

Items not on the agenda:


a. Breast Activity & Healthy Eating After Diagnosis 3 Trial (B-AHEAD) – Dr Michelle Harvie

Discussion summary	<p>The board received the following presentation from Dr Michelle Harvie, Research Dietitian, Nightingale & Genesis Prevention Centre:</p> <p></p> <p>Michelle_Harvie_BC_PATHWAY_MEETING_</p> <p>A summary of the trial is available on the CRUK website: here</p>
Conclusion	The board noted this trial.
Actions and responsibility	<p>Dr Michelle Harvie invited feedback from all:</p> <p>Tel: 0161 291 4410</p> <p>Email: Michelle.Harvie@manchester.ac.uk</p>

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b. GM Breast Quality Standards - Process of Transformation - Guy Hamilton, Project Lead/Analyst, NHS Transformation Team

Discussion summary	<p>The board received the following presentation from Guy Hamilton (GH):</p>  <p>Guy_Hamilton_Theme 3 Approach slides_FF</p> <p>GH highlighted that it is a 5 years programme of transformation led by the Transformation Board (Terms of Reference have yet to be agreed). ML queried as to whether appropriate levels of patient representation will be included in all stages of the transformation process – GH confirmed that this would be the case. GH also confirmed that all breast units would be visited and assessed in order to inform decision making by the Transformation Board.</p> <p>Quality Standards document (DRAFT): The board reviewed the draft quality standards and further debate ensued regarding numerous items.</p>
Conclusion	<p>Process of Transformation: The Board welcomed this development but expressed concerns regarding timelines of delivery.</p> <p>Quality Standards document (DRAFT): The Board acknowledged that further work was required before formal sign-off.</p>
Actions and responsibility	<p>Process of Transformation: GH to liaise with ML to secure patient representation to be included in the Transformation Programme.</p> <p>All to feedback to Guy Hamilton: M: 07799845984 E: guy2408@btinternet.com</p> <p>Quality Standards document (DRAFT): An Extraordinary Pathway Board meeting is to be scheduled within the next month at which a full review of the proposed quality standards will be undertaken. NR to schedule and invite all board members to attend.</p>

3. Objective no 1 – Improving outcomes/survival rates

- a. **Breast Pathway Board Work Plan (standard item)**
- Clinical Research Update in Breast Cancer Event
 - Adjuvant Bisphosphonates
 - Development of a future Educational event


Discussion	<p>Work Plan Objective 4: Recruitment to Trials Clinical Research Update in Breast Cancer Event, 24th November 2016 – MA</p>
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summary	<p>confirmed that there had been good attendance (67) at the event with positive feedback received from attendees.</p> <p>Adjuvant Bisphosphonates, Update on agreed implementation approach – CH stated that Adrian Hackney will be compiling a business case for this which will include Family History clinic provision.</p> <p>Work Plan Objective 7: Education Programme Board discussed potential to amalgamate event with a sponsored event being organised by Professor Andrew Wardley in July 2017.</p>
Conclusion	<p>Work Plan Objective 7: Education Programme Board agreed to keep Educational Event separate from any other planned events. The next event will be a ‘Case Review’ event and is to be scheduled for July 2017. GH agreed to lead on the development of this event.</p>
Actions and responsibility	<p>Adjuvant Bisphosphonates Protocol- CH will continue to provide updates to the board.</p> <p>Education programme: GH to confirm date and venue of event (suggested July 2017 at UHSM). NR to assist in securing room/venue. Any suggestions/queries to be forwarded to GH: Gillian.Hutchison@uhsm.nhs.uk</p>

b. Performance Data

Discussion summary	<p>The board reviewed the National Cancer Waiting Time (CWT) performance data (Q2, 2016/17) for Greater Manchester & East Cheshire, as reported by GMC.</p> <p> Performance Report Q2 16-17.pdf</p>
Conclusion	<p>The Board noted the contents of the report</p> <p>TWW Target: All trusts were comfortably compliant with GM performing higher than the England average (GM: 97.2%, England 95.8%, target: 93%).</p> <p>TWW (Cancer Not Initially Suspected): Noted that East Cheshire had recovered its TWW position after failing in Q1 (due to Radiology capacity issues). Pennine has further fallen in performance due to Consultants’ sickness and issues with securing appropriate locum cover which has since been rectified(Q1: 90.8%, Q2: 58.79%). UHSM also marginally failed this target at 92.39%) but RJ confirmed that this is expected to be recovered in Q3. Overall GM failed this standard with performance at 89.52% (target: 93%) whilst England performance was at 93.35%.</p> <p>31D Target: All trusts were compliant with this target with the exception of Bolton with performance at 89.92% (target 96%), CG stated that Consultant long-term</p>

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	<p>sickness had caused this but now a locum has been secured so they expect to recover their position for Q3.</p> <p>62D Target: All trusts were comfortably compliant with GM performing higher than the England average (GM: 97.2%, England 94.86%, target: 85%).</p> <p>London & Greater Manchester wide cancer informatics RM Partners: sample report reviewed highlighting developments currently being made with regards to available data.</p>  <p>Overall_Cancer_metrics_Chapter_7_In</p>
<p>Actions and responsibility</p>	<p>CWT Performance - All to continue to feedback to the board any potential capacity issues likely to affect CWT performance.</p> <p>London & Greater Manchester wide cancer informatics RM Partners - all to review available data. Registration required – please email Stephen Scot to request access:</p> <p>Stephen Scott Head of Informatics National Cancer Vanguard T: 0207 811 8889 E: stephenscott@nhs.net</p>

4. Objective no 2 – Improving the patient experience

a. Service User Representatives’ Agenda Item

- i. Review of psychological support/survivorship pathways –
- ii. Development of user involvement small community

<p>Discussion summary</p>	<p>Review of psychological support/survivorship pathways – <i>deferred to next meeting.</i></p> <p>Development of user involvement small community – ML confirmed that a small community of patient representatives has been formed who will feed their comments/concerns to DW & JT to feedback to the board. This small community can also be used for future focus groups/work development etc.</p>
<p>Conclusion</p>	<p>The board welcomed the development of a UI small community.</p>
<p>Actions and</p>	<p>All to utilise UI provision when appropriate. Contact ML:</p>


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responsibility	Michelle.Leach1@nhs.net NR to ensure 'psychological support/survivorship pathway' is on the next meeting agenda.
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5. Objective no 3 – **Research and clinical innovation**

a. **Clinical Trials Update**

Discussion summary	<p>NB presented the following NIHR report to the board:</p> <div style="text-align: center;">  BREAST_Trials report_Q1-Q3FY2016 </div> <p>NB highlighted that recruitment to MAMMO-50 has decreased considerably for 2016/17 (UHSM, Christie, SRFT & East Lancs have yet to recruit to this trial). Previous year GM had been the highest recruiting network to this trial.</p>
Conclusion	The Board noted the contents of the report. NB stated that it is imperative that recruitment to MAMMO-50 at all sites is increased.
Actions and responsibility	NB/NR to draft letter highlighting importance of increasing trial recruitment and specifically to the MAMMO-50 trial. NR to issue this formal letter to all breast units.

6. Objective no 4 – **Improving and standardising high quality care across the whole service**

a. **Clinical Team Updates:**

- i. Radiology Update
- ii. Pathology Update
- iii. MCIP Update
- iv. AHP Forum Update

Discussion summary	<p>Radiology update – GH stated no change of note.</p> <p>Pathology update – None provided (MP not present).</p> <p>MCIP update - CH stated that the New Model of Aftercare had been launched at UHSM and Pennine with positive feedback being received. GMC Vanguard team are keen to now roll this out across GM. MCIP and Vanguard Team are collaborating to ascertain suitable information systems to support the programme.</p> <p>AHP Forum Update - Attendance issue was again discussed. Previously thought that CNSs were unable to attend due to lack of cover etc., however, permission is</p>
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	given to CNSs but the CNSs are not necessarily viewing attendance to the meeting as a priority as they know leaving their unit will cause a backlog in work.
Conclusion	Information shared was noted by the board.
Actions and responsibility	AHP Forum – All Trusts to highlight to respective CNSs that attendance at the AHP Forum is required.

7. Any other business

- a. **Family History Clinics – Data collected have been given to Prof Evans who presented information at provider and Board with plan for starting Prophylactic endocrine therapy in patients with moderate and high risk.**
- b. **TWW Referral Form - 12 month review – request for inclusion of ‘the reason I am concerned this patient has cancer is...’** The board agreed for the addition of this line in the TWW Referral form template. AM to feedback to GP Group.
- c. **NCPES – Trust work-plans to be presented at next PB meeting. All to send their own Trusts work-plan to NR for collation.**

8. Date and time of next meeting

Wednesday 22nd March 2017, 2pm – 5pm

Trust Meeting Room 6

The Christie

Site map: [here](#)



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dates_2017.doc