

GM Cancer Breast Pathway Board Meeting Minutes

Date of Meeting: 13th November 2017

Time of meeting: 2:00-5:00pm

Venue: The Christie - Wolfson Molecular Imaging Centre - Wolfson seminar room

Meeting Attendance

Name	Representation
Mohammed Absar (MA)	PAHT, Consultant surgeon
Deborah Watts (DW)	Patient representative
Joanne Taylor (JT)	Patient representative
Victoria Yates (VY)	Patient representative
Gillian Hutchinson (GH)	MFT, Consultant Radiologist and Rep for Screening
Claire Gaskell (CGa)	Christie, Breast care nurse
Vivek Misra (VM)	Christie, Consultant, Clinical Oncologist
Sumohan Chatterjee (SC)	MFT, Consultant surgeon
Nikitas Dimopoulos (ND)	Consultant Breast Surgeon
Vanessa Pope (VP)	MCHT, Consultant surgeon
Miles Howe (MH)	Consultant Histopathologist & Pathology QA Lead
Prof. Nigel Bundred (NB)	Consultant Breast Surgeon
Nabila Nasir (NN)	PAHT, Consultant surgeon
Fiona O'Regan (FOR)	UHSM, Macmillan Breast Clinical Nurse Specialist
Gerard Lamb (GL)	Christie, Consultant surgeon
Kathryn Place (KP)	WWL
Karen Livingstone (KL)	Specialist breast care physiotherapist
Lesley Campbell	Bolton, Breast care nurse
Clare Garnsey (CG)	Bolton, Consultant surgeon
Vanessa Hickson (VH)	TGH, Breast care nurse
In attendance	
Claire O'Rourke (COR)	Greater Manchester Cancer Pathway Team
Coral Higgins (CH)	Greater Manchester Cancer Commissioning team
Melanie Atack (MAAt)	Greater Manchester Cancer/ Macmillan user involvement manager
Jane Ashworth	Greater Manchester Cancer – Minute Taker
Apologies	
Amar Deshpande	WWL, Consultant surgeon
Chandeena Roshanall	ECNHST, Consultant surgeon
Clare Brearley	PAHT, Breast care nurse

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1. The minutes of the last meeting were accepted as a true and accurate record.

Actions from Wigan & Leigh – MA to catch up with KP

2. MDT Reform

<p>Discussion summary</p>	<p>An addition to the planed agenda and in response to an email sent to all Pathway Directors from Dave Shackley (GMC Medical Director) enquiring about pathway MDT's and to see if any MDT reform has been implemented in the past year.</p> <p>Please see attached paper, submitted to GM Cancer Board.</p>  <p>Greater Manchester Cancer_MDT reform p</p> <p>Research from a study carried out by CRUK shows that MDT's are not functioning particularly well. MA encouraged discussion at the Board on how the Breast MDT's can be reformed. He pointed out that the Pathway Board needs to agree on how the MDT should look and what the core membership of the MDT should look like.</p> <p>GH queried what the Board were classing as MDT, MA confirmed all cancers should be discussed pre & post op. Any MDT reforms need to ensure discussion of complex cases.</p> <p>MA used the Lung MDT's as an example of good practice – see attached documents.</p>   <p>Standard Operating Procedure - GM Lung Cancer Diagnostic Algorithms</p> <p>JT agreed that MDT's need to change and ensure processes are right.</p>
<p>Actions and responsibility</p>	<p>MA to send out MDT reform documents to pathway board.</p>

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3. Living with secondary breast cancer health & wellbeing days – presentation by Claire Gaskell

<p>Discussion summary</p>	<p>CG told the Board that currently health & wellbeing events for metastatic disease are run twice yearly. CG confirmed that the aim of the service is to provide a supportive pathway and implement the Recovery Package for advanced disease as well as primary.</p> <p>Overwhelming evidence from the events showed that attendees found all the sessions relevant, and knowledge of secondary cancers was greatly increased.</p> <p>CG explained that help with funding future events is required. Funding originally came from the Macmillan Innovation fund and there are 2 more events planned (March & October 2018). CH suggested putting forward a business case to Commissioners to demonstrate cost effectiveness and quality. COR told the Board that GM Cancer are still waiting to hear about Transformation funding but there could potentially be funding available from 3rd sector organisations for the health & wellbeing events.</p> <p>COR pointed out that the Pathway Board need to agree to help CG find funding to continue the events. MA confirmed the pathway board fully supports CG, and he will write a letter of support. VM asked that the letter makes clear that the service is for all patients across GM not just Christie patients.</p> <p>JT told the Board that Health & Wellbeing events are hugely beneficial to patients, in helping patients to help themselves, and it needs to be recognised that the numbers of metastatic patient is increasing.</p> <p>VY informed the Board that the charity 'Breast Cancer Care' offers secondary breast cancer meet ups, designed to give people the chance to meet and share experiences with other people living with a secondary diagnosis and get information and support.</p> <p>VY asked that all clinicians advise patients that this service and support is available: www.breastcancercare.org</p> <p>The board thanked CG for her comprehensive and informative presentation.</p>
<p>Actions and responsibility</p>	<p>MA to write a letter of support.</p>

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4. Work Plan – Review of Progress

a) Recovery Package

<p>Discussion summary</p>	<p>Update from each trust:</p> <p>UHSM – FOR Once the IT Sytem (Infoflex) has been rolled out (end Dec) the Recovery Package will be in place by March 2018 for all Breast patients.</p> <p>TGH – VH Project team has been recruited and they are due to start in December. Also running the Moving Forward Programme.</p> <p>Stockport – ND Will update at the next Pathway Board</p> <p>Wigan – KP Recording HNA’s on Somerset. Treatment summaries are not currently happening. Generic Health & Wellbeing events that Breast nurses attend. Also running the Moving Forward Programme (20 people on each programme, 3 times per year).</p> <p>MCHT – VP Currently recording HNA on Somerset. Nurses generate treatment summary and stratified f/ups.</p> <p>Pennine – MA All patients are receiving an HNA (continuing the good work of the MCIP programme).</p> <p>COR confirmed that most trusts need an implementation team to help deliver the recovery package (funded by Macmillan). COR & Lindsey Wilby (GMC Recovery Package Programme Lead) will send a report to the Board to inform on which trusts will have an Implementation Team.</p>
<p>Actions and responsibility</p>	<p>COR/LW to send report to Board re: Recovery Package Implementation Teams</p>

b) Audit Programme:

<p>Discussion summary</p>	<p>KPI 1 – Trial recruitment results Data outstanding from UHSM (?) and Wigan</p>
<p>Actions and responsibility</p>	<p>KP to send Wigan trial recruitment data.</p>

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c) Update on business cases for:

Discussion summary	<p>- Adjuvant Bisphosphonates VM informed the Board that commissioners have now agreed to fund Bisphosphonates and a pilot has been agreed. Commissioners have also agreed to fund 1 consultant post.</p> <p>- Anastrozole CH told the Board that the task & finish group has now reconvened and the business case is still under development.</p>
Actions and responsibility	CH to continue to keep board updated with progress re: Anastrozole

5. Stratified pathways discussion

Discussion summary	<p>CH circulated the latest version of this document prior to the Board meeting. CH confirmed feedback and amendments have been made to the document since the last Pathway Board.</p> <p>Clarity was sought from the Board as there is still some confusion over 'eligibility' for the supported self-management pathway.</p> <p>FOR explained that the CNS discusses the recovery package and the possibility of supported self-management in a very structured appointment. Contact details are given to the patient and it is explained very clearly how to re-access the services.</p> <p>JT has developed a useful infographic which she shared with the Board (see attached doc), which will help patients understand signs & symptoms of secondary breast cancer. JT asked about the possibility of the document being used by GP's and other clinicians.</p> <p>CH confirmed that the MCIP protocol is incorporated into this document. MV raised concern that patients may lose contact and will be 'off the radar'. It was confirmed that Infoflex is the system being used to monitor patients, using co-ordinators to carefully record and control all patient details.</p> <p>Concern was also raised by the Board at the lack of breast care nurse resource to fulfil all the extra work required.</p> <p>CG suggested that all patients are 'on' the pathway, with exceptions to be 'opted out'.</p>
Actions and responsibility	<p>ALL members - to respond with any further comments/feedback to CH.</p> <p>FOR to share docs with JT re: follow on appointments</p>

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6. Education Event

Discussion summary	<p>The date of the education event has been changed to 01/02/2018. This will be a full day event at the Nightingale Education Centre, Wythenshawe Hospital.</p> <p>The programme has not yet been finalised.</p> <p>A save the date will be circulated.</p>
Actions and responsibility	MA & GH to discuss & finalise the programme.

7. Macmillan User Involvement team update

Discussion summary	Mat asked for clarification on the Boards representative from the health & Social Care Partnership. GH confirmed she sits on both boards and will act as liaison.
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8. Research and clinical innovation

Discussion summary	Breast is the 3 rd highest overall recruiter to trials, however NB pointed out that not all trusts are recruiting, and not all trials are being recruited to.
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9. Clinical Team/ Project Updates:

- i. **Radiology Update** (MC-H)/GH)
- ii. **Pathology Update** (MP)
- iii. **MCIP Update** (CH)
- iv. **AHP Forum Update** (VH)

Discussion summary	<p>Radiology update – GH informed the Board that she is involved in the GM PACS project. The aim of which is to streamline radiology enabling images to be seen in any trust across GM. MA asked GH to put forward someone who would be able to deputise on the Board in her absence.</p> <p>Pathology update – No update.(MilesHowe} AHP Forum Update –VH will be chairing the next BCN/AHP Forum which has been arranged for 24th November.</p> <p>100k Genome project updates To be explored further.</p>
Actions and responsibility	GU to find Radiology deputy.

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10. Any other business

Discussion summary	<p>MA told the board that due to other commitments Michael Crotch-Harvey has stepped down from the Board.</p> <p>MA prompted a discussion about Oncotype DX and asked the Board for their thoughts and feedback.</p> <p>Everyone agreed that chemotherapy shouldn't be given where there will be no benefit, however the Board were also in agreement that nothing should be implemented until NICE guidance is released in the new year (February?)</p>
Actions and responsibility	

11. Meeting dates for 2018

- Wednesday 24th January 2018 – MR 6 Christie – 2pm-4:30pm
- Thursday 1st February 2018 - Education event (All day event)
- Wednesday 21st March 2018- MR 6 – Christie- 2pm-4:30pm
- Friday 18th May 2018 – MR 6 – Christie - 2pm-4:30pm
- Monday 2nd July 2018 - MR 6 – Christie - 2pm-4:30pm
- Wednesday 12th September 2018 – MR 6 – Christie - 2pm-4:30pm
- Wednesday 7th November 2018 – MR 6 – Christie - 2pm-4:30pm