

Greater Manchester **Cancer**

Paper
number

1

Greater Manchester Cancer Board

Minutes of the meeting held on

Friday 16th December 2016 at Salford Royal

In attendance

Voting members				
GM Health & Social Care Partnership team		Richard Preece	RPre	Executive Lead for Quality, GMHSC Partnership (Chair)
Chair of the AGG of CCGs		Caroline Kurzeja (for Kiran Patel)	CK	Chief Officer, NHS South Manchester CCG
Lead CCG		Nigel Guest	NG	Chief Clinical Officer, NHS Trafford CCG
Provider trusts	Central Manchester	Darren Banks (for Mike Deegan)	DB	Director of Strategy
	Salford	Jack Sharp (for David Dalton)	JSh	Director of Strategy
	Stockport	Ann Barnes	ABa	Chief Executive
	The Christie	Roger Spencer	RS	Chief Executive
	Pennine Acute	Roger Prudham (for David Dalton)	RPru	Deputy Medical Director
Stakeholders				
People affected by cancer		Nabila Farooq	NF	
		David Makin	DMA	
Third sector advisory group representative		Donna Miller	DMi	Associate Director of Policy & Development, Black Health Authority
Delivery				
Medical Director		David Shackley	DS	Medical Director, Greater Manchester Cancer
Director of Commissioning – GM Cancer Services		Adrian Hackney	AH	Director of Commissioning – GM Cancer Services, NHS Trafford CCG
Vanguard Innovation Programme Director		Jenny Scott	JSc	Programme Director, Greater Manchester Cancer Vanguard Innovation
Chair of Trust Directors of Operations Group		Fiona Noden	FN	Chief Operating Officer, The Christie NHS FT
Nursing Lead		Cheryl Lenney	CL	Chief Nurse, Central Manchester University Hospitals
Chair of Cancer Education Manchester		Cathy Heaven (for Richard Cowan)	RC	Vice-Chair, Cancer Education Manchester; Associate Director, Christie School of Oncology
AHSN representative		Peter Elton (for Mike Burrows)	PE	Clinical Director, GM&EC Strategic Clinical Network
Programme Director (interim)		Thomas Pharaoh	TP	Associate Director, Greater Manchester Cancer
Other members of cancer support team				
Macmillan User Involvement Team		Lucie Francis	LF	Macmillan User Involvement Team Leader
Visitors and observers				
Gareth Evans, Consultant in Medical Genetics and Cancer Epidemiology			Andrew Wardley, Consultant Medical Oncologist, Systemic Anti-Cancer Therapies Director – Greater Manchester Cancer	

Members sending apologies and no deputy

Primary care providers	Tracey Vell	TV	GP, Chief Executive of Manchester LMC
Local authorities	Steven Pleasant	SP	Chief Executive, Tameside Metropolitan Borough; Interim Accountable Officer, NHS Tameside and Glossop CCG
NHS England specialised commissioning	Andrew Bibby	ABi	Assistant Regional Director of Specialised Commissioning (North), NHS England
MAHSC Cancer Domain Academic Lead	Salvador Moncada	SM	MAHSC Cancer Domain Academic Lead
GM Director of Population Health Transformation	Jane Pilkington (for Wendy Meredith)	JP	Head of Public Health Commissioning
Transformation Unit representative	Leila Williams	LW	Chief Executive, NHS Transformation Unit

1. Welcome and apologies

RPre welcomed members and apologies were noted.

2. Minutes of the last meeting

The board approved the minutes of the meeting on 18th November.

3. Action log and matters arising

The board noted the action log. It noted that all actions were complete or on the agenda except for the action to collate a Greater Manchester response to the consultation on *Modernising Radiotherapy Services in England*.

DB informed the board that he had drafted some feedback and that this had been shared with key board members. He noted that while there was much in the consultation document that Greater Manchester would want to support there was a recommendation about the hosting of specialist MDTs that could be disputed. It was noted that the consultation was likely to be trying to tackle issues elsewhere in the country that had already been resolved in Greater Manchester. RS stated that MDT arrangements in Greater Manchester were significantly advanced and that there was no suggestion that these should change.

Action: TP to collate feedback and submit a Greater Manchester Cancer Board response to the radiotherapy consultation before 23/12

4. Voluntary sector advisory group workshop update

Donna Miller from the Black Health Association attended the meeting to provide an update on the workshop of 13th December. The board heard that the SCN team had facilitated a discussion around the formation of the board's Voluntary, Community and Social Enterprise Advisory Group.

She informed the board that the workshop was well attended and that delegates from the third sector welcomed the opportunity to be involved with the work of the Greater Manchester Cancer. DMi outlined what the group thought it could offer the board, including:

- Early mapping of the region's assets
- A link to difficult to reach communities
- Support for an equality impact assessment of the cancer plan
- A role in co-producing future policy.

DMi noted that the group had been asked to identify one representative to sit on the board. The board heard that having discussed this subject the group concluded that this would not give its members sufficient involvement and had arrived at two different options to present back to the board:

1. One permanent member to be joined by an additional member of the group at each meeting dependent on topics to be discussed
2. Multiple (e.g. four) representatives rotating through a single seat on the board at each meeting.

DMi informed the board that the group had made a number of requests, including:

- Access to the terms of reference of the Greater Manchester Cancer Board
- Support with room booking and administration
- The opportunity to add items to the board's agenda
- Voting member status for its representative(s)
- Papers in a timely manner
- The consideration of expenses.

RPre expressed a preference for continuity and therefore the first membership option presented. RS informed the board that he had attended the workshop on its behalf and welcomed the level of engagement from the third sector and the speed with which the group had formed. He shared the preference of the first membership option and this was agreed by the board under most circumstances.

RPre stated that all members of the board were equals regardless of the voting arrangements set out in the terms of reference and that voting was a mechanism unlikely to be used by the board. In addition he stated that the Greater Manchester Health and Social Care Partnership was undertaking a broader piece of work on support and expenses for third sector involvement. The board heard that the Voluntary, Community and Social Enterprise Group would meet again in January.

Action: JH to provide third sector group with all information requested

5. Vanguard Innovation programme

JSc presented a paper providing an update on the Vanguard Innovation programme. She informed the board that the programme had received all of the transformation funding for year two that it had asked for from NHS England. The board noted the map of Vanguard Innovation activity that had been requested at the last meeting. ABa noted the absence of activity in the south east of the region and reiterated the need for system as a whole to feel ownership of the Vanguard Innovation programme. RPre asked that Eastern Cheshire be added to the map.

DB thanked JSc for the helpful update paper but noted that such papers did not allow the board to hold the Vanguard Innovation programme to account. He suggested that the board should see a map of information that it should expect to see, and the decisions it would be asked to take, over the course of the programme. JSh noted that it had felt recently like there was more visibility and shared ownership of the Vanguard Innovation programme. RPre asked that a specific action be added to the agenda of the Vanguard Innovation Oversight Group regarding increasing the engagement of the cancer system and its ability to contribute to the programme.

Action: JSc to schedule Vanguard Innovation Oversight Group discussion of increasing system engagement and ownership

The board congratulated the Vanguard Innovation programme on securing the full funding from the NHS England New Care Models Team. DMi suggested that the programme office form links with the new third sector group to help with community engagement.

6. Developments in breast cancer:

DS introduced the topic. He noted that developments in breast cancer were a good example of how the introduction of evidence-based interventions could be delayed by national evaluation processes. He posed the question of whether there was a way that Greater Manchester could adopt such initiatives earlier.

Commissioning adjuvant bisphosphonates across Greater Manchester

Andrew Wardley attended the meeting to outline the case for use of adjuvant bisphosphonates to prevent the recurrence of breast cancer in postmenopausal women. The board heard that there was evidence of an 18% improvement in survival associated with this treatment and that there were associated benefits for bone health.

The board heard that the treatment was being offered in other parts of the country and that breast cancer clinicians locally had been trying to raise its profile. AW outlined a recent survey of breast oncologists nationally, which revealed that almost half were using adjuvant bisphosphonates in this cohort of patients.

DS noted that the charity Breast Cancer Now estimated that 1,000 lives could be saved through this treatment every year, which would equate to 20 women in Greater Manchester. RS noted that this topic was the subject of a recommendation in the national cancer strategy and that the role of the board should be to consider its early adoption while national guidance was awaited.

The board felt that there seemed to be a strong clinical case for the use of adjuvant bisphosphonates to prevent breast cancer recurrence in postmenopausal women. DMA reported that there was considerable patient impatience on this subject. The board agreed that Greater Manchester should not wait for national guidance but should explore the case further. RPre suggested that a business case should be drawn up and asked AH to lead on this. DB noted that this work should be linked to other breast cancer work as part of theme 3 of the GMHSC Partnership's work.

Action: AH to lead the development of a business case for the use of adjuvant bisphosphonates to prevent recurrence of breast cancer in postmenopausal women

Targeted breast cancer prevention in Greater Manchester

Gareth Evans attended the meeting to outline the case for the use of anastrozole, an aromatase inhibitor, to prevent breast cancer in postmenopausal women with increased risk of the disease. He presented the results of a study which showed that after a median follow up of 7 years there were 53% fewer breast cancers in women treated with anastrozole.

The board heard that draft NICE guidance was being consulted on which was likely to recommend the consideration of anastrozole in women with moderate or high risk of breast cancer and that Greater Manchester had the opportunity to lead the way in this area. The board heard estimates that there are 56,000 women at moderate risk of breast cancer in Greater Manchester and 28,000 at high risk. It heard that up to 200 breast cancer cases could be prevented each year through this intervention.

GE noted that the present route to risk assessment of breast cancer was through family history clinics and that implementation of this treatment would need proactive risk stratification rather than a reliance on women coming forward to family history services. RPru noted the need to ensure that, if adopted, this treatment is available to all women rather than those who already engage with health services and screening programmes.

RS noted that again that this topic was the subject of a recommendation in the national cancer strategy and was being discussed today in the hope that it can be included in the Greater Manchester cancer plan. The board asked AH to lead the development of a business case. CK offered to support AH in this and the bisphosphonates business case.

Action: AH to lead the development of a business case for the use of anastrozole to prevent breast cancer in postmenopausal women at high and moderate risk

7. Transformation of surgical services

RPre noted that this item was deferred to a future meeting.

8. Any other business

DMA stated that the board should seek more publicity for the work that it is doing. RPre noted that there was likely to be an opportunity to do so around the publication of the cancer plan. TP informed the board that he had made links with the communications team of the Greater Manchester Health and Social Care Partnership and that a proposal would be prevented to a future meeting.

CK informed the board that Macmillan Cancer Improvement Partnership was holding a showcase event in January to be attended by Macmillan's Chief Executive. She noted that the a similar update could be presented to the board.

RS noted the announcement that the Manchester Cancer Research Centre had renewed its CRUK major centre status with accompanying investment of £42m over five years, including the Experimental Cancer Medicine Centre award and complementary to the Biomedical Research Centre award. The board heard that the MCRC was now one of only two CRUK major centres nationally.

AH gave an update on the board's infrastructure. The board heard that a paper would be going to CCG and provider Directors of Finance in January. He thanked The Christie and Macmillan Cancer Support for their roles in underwriting the costs of some of the existing team to provide reassurance while this process continues.

ABa noted that a multi-organisational team was coming together to arrange a system-wide workshop in February to develop proposals for developing radiology services in Greater Manchester.

RPre reflected that this was the fourth meeting of the board. He noted that its membership had been augmented and that it should be happy with the progress that it was beginning to make.

9. Papers for information

The papers provided for information were noted.