

## Breast Cancer Pathway Board – Minutes of meeting

Wednesday 1<sup>st</sup> July 2015, 2pm – 5 pm

Boardroom 1, New Alderley House, Victoria Road, East Cheshire NHS Foundation Trust

<b>Attendance</b>	<b>Representation</b>
Mohammed Absar	Interim Chair
Chandeena Roshanlall	Trust Representative (East Cheshire)
Vanessa Pope	Trust Representative (Mid Cheshire)
Emma Reid	Trust Representative (Stockport)
Brian Magee	Clinical Oncology Representative
David Makin	Patient Representative
Claire Brearley	Advances Nurse Practitioner (Pennine)
Nigel Bundred	Trust Representative (UHSM)/Research Lead
Melissa Wright	Pathway Manager
<b>Apologies</b>	
Simon Ellenbogen	Trust Representative (Tameside)
Clare Garnsey	Trust Representative (Bolton)
Zahida Saad	Trust Representative (Salford)
Amanda Myerscough	Primary Care Representative
Miles Howe	Histopathology Representative
Karen Livingstone	Allied Health Professional
Tara Breslin	Primary Care Representative
Tarek Bakht	Primary Care Representative
Mark Pearson	Histopathology Representative
Claire Gaskell	Breast Cancer Nurse, (Christie)
Michael Crotch-Harvey	Radiology Representative
Gillian Hutchison	Radiology Representative
Amar Deshpande	Trust Representative (WWL)
Coral Higgins	Commissioning Representative
Anne Armstrong	Medical Oncology Representative

Agenda Item	Action
<p><b>1. Welcome</b> MA welcomed everyone to the meeting. Apologies were noted.</p>	
<p><b>2. Minutes of the last meeting and matters arising</b></p> <p>Guidelines – VP indicated that most of the guidelines had been drafted. CB indicated that the nurses would like to include nurse guidelines. The outstanding guidelines are in the process of being developed.</p> <p>Radiology workforce questionnaire – ER identified that she had spoken to the Radiology Training Director who had indicated that breast training is undertaken for a minimum of six sessions a week for a minimum of six weeks but is unwilling to change the training programme to incorporate a specialist breast block of training.</p> <p><b>ACTION:</b>  <b>Outstanding guidelines to be developed</b>  <b>CB to identify who will lead in the development of the nursing guidelines</b>  <b>MW to send round drafted guidelines</b>  <b>MA and ER to write to the Royal College regarding breast radiology training and capacity issues, cc'd to Ged Byrne</b></p>	<p><b>Guidelines group</b>  <b>CB</b>  <b>MW</b>  <b>MA/ER</b></p>
<p><b>3. Objective 1 Improving outcomes with a focus on survival</b></p> <p>a. Annual Report and plan</p> <p>MA explained that the annual report and annual plan have been developed and had been disseminated to the Board. This will be published on Manchester Cancer’s website at the beginning of July. MW explained that the plan was based on the ideas generated at the last Board. The Board discussed the education objective which would look to ensure that the training that had been developed was disseminated but also would explore opportunities to develop other areas of education to support the training needs across the pathway. MA explained that the objectives developed within the annual plan for next year will be worked on through the Pathway Board working groups. NB indicated that there were opportunities to access the data items that the Board would like to look at which were not publically available i.e. local recurrence.</p> <p><b>ACTION:</b>  <b>MA to discuss access to data with Dave Shackley</b></p>	<p><b>MA</b></p>
<p><b>4. Objective 2 Improving Patient Experience</b></p> <p>a. MCIP update</p> <p>CB explained that it was still unclear whether approval had been granted to continue the project post December, but identified that the Project Managers were now in post.</p> <p>b. Living with and beyond cancer</p> <p>The implementation of treatment summaries was discussed. MW explained that an objective</p>	

<p>regarding the recovery package had been adopted by the Living with and beyond cancer Pathway Board. They would like all pathway areas to implement treatment summaries across patients within their disease group, with an acknowledgement that this might not be suitable for certain disease groups where there is on-going treatment. CB indicated that there was a lot of debate in her Trust at which point treatment summaries were implemented and it was agreed that both the surgeon and the CNS would complete sections of the form and it would be undertaken after primary treatment in conjunction with a Health Needs Assessment (HNA). It was suggested that elements of the template be redesigned to fit the needs of breast services.</p> <p>c. AHP Forum Update</p> <p>CB feedback information from the AHP group and explained that there was a chemotherapy education day in development. This training will support breast care nurses care for their chemotherapy patients as they will no longer receive support from Christie nurses. CB expressed the importance of releasing their breast care nurse to attend this event. CB also explained that the AHP meeting shared information regarding their nurse-led income generating clinics. The contact details for the Lead Fertility Nurse were disseminated. Her phone number is 276 6209.</p> <p>d. Patient/User Communication</p> <p>TH explained the role of the User Involvement team who are supported by Macmillan and are based with the Manchester Cancer core team. TH explained the role of her new team and is undertaking a scoping exercise of user involvement initiatives and is arranging meetings with Pathway Directors to get their perspective on what work they would like to undertake. She explained that the team will be developing a training programme for patients to support them in user involvement and the aim of her team is to ensure that all activities undertaken can be sustained over time. The team will also be launching a campaign to recruit a wider range of people affected by cancer as well as a feasibility study to standardise patient information across the geographical area. TH asked if Board members had any patient contacts that would like to be engaged at a different level into Board activity that she would forward her contact details or alternatively she would be happy to contact the patient directly. MA explained that he would like to initiate informal meetings with patient user groups and TH indicated that she would be happy to facilitate this. DM felt it would be important to engage patients to consult on matters at a strategic level as well as operational concerns.</p> <p><b>ACTION:</b>  <b>CB to bring amended version of the treatment summary back to the Board</b>  <b>MA to write a letter to highlight importance of treatment summaries to Cancer Leads</b></p>	<p>CB MA</p>
<p><b>5. Objective 3 Research and clinical Innovation</b></p> <p>a. Clinical Trials Update</p> <p>NB explained that due to the reconfiguration of the clinical networks, the size of Greater Manchester network had reduced to become the 10<sup>th</sup> biggest network. There are fewer trials open and available so it would be important for Trusts to ensure recruitment into key trials such as MAMMO 50 and POSNOC however Greater Manchester had met its target for recruitment last year. ER explained that the research nurse no longer attends the MDT which has an implication regarding the communication of trial information. CB explained that Pennine MDT's do not always have a research nurse available to attend MDT but they are still recruiting into trials.</p>	
<p><b>6. Objective 4 Improving and standardising high quality</b></p>	

<p>a. Pathology update</p> <p>No updates at this meeting</p> <p>b. Paediatrics in breast clinics survey</p> <p>ER explained that she wanted to look at this due to issues at Stepping Hill hospital in regards to how paediatric patients were being referred and wanted to identify practice across the region – whether there were dedicated paediatric breast clinic and whether there were radiologists who specialise in this area. The results of the survey highlighted that patients under a certain age were not seen in an adult clinic. NB felt it would be important to have set guidelines and a pathway to manage this patient group and MA suggested that this should be included in the guidelines documents.</p> <p>c. Breast services review</p> <p>MA explained that following the meeting to look at reviewing breast services, the Pathway Board had been identified to lead on the development of quality standards for the whole region. These will be based on the NICE Quality Standards. NB felt that UHSM would be asked to take the lead on the delivery of primary breast services across the region to an agreed commissioner. CR felt that this was not the view from the meeting and that sites would be required to work together. ER highlighted that it will be important to make the standards achievable in light of current pressures on services. BM asked if the Christie could be kept informed with whatever is agreed in regards to quality standards.</p> <p><b>ACTION:</b>  <b>MW to send out NICE Quality Standards</b>  <b>VP to include managing patients &lt;16 in guidelines</b></p>	<p><b>MW</b> <b>VP</b></p>
<p><b>7. A.O.B.</b></p> <p>a. Pathway Board attendance</p> <p>MA identified the importance of Board members attending the meeting. MW explained that meeting dates are generally given out well in advanced of the meeting and deputies should be sought if members cannot attend. NB felt that the Clinical Director at UHSM should be invited to attend the Board. CB felt that it would be important to ensure at least two CNS's were identified as members and invited to the meeting.</p> <p>b. Venues for future meeting</p> <p>MW explained that the dates for future meetings have been sent out to members of the Board. All meetings will take place at the Christie apart from the meeting in November which will take place at Salford. There is currently no venue identified for the March 2016 meeting and MW asked Trusts to contact her if they would like to volunteer to host on this date.</p> <p><b>AHP to be asked to nominate 2 CNS's to attend the meeting.</b></p>	
<p>Date of next meeting – Monday 21<sup>st</sup> September, 2 pm – 5 pm Trust Admin room 6, the Christie</p>	