

**Breast Cancer Pathway Board – Minutes of meeting**

Monday 21<sup>st</sup> September 2015, 2pm – 5 pm  
Trust Admin rooms 4 and 5, The Christie

<b>Attendance</b>	
Mohammed Absar	Pathway Director
Anne Armstrong	Medical Oncology Representative
Coral Higgins	Commissioning Representative
Amanda Myerscough	Primary Care Representative
Nigel Bundred	Trust Representative (UHSM)/Research Lead
David Makin	Patient Representative
Claire Gaskell	Breast Cancer Nurse (Christie)
Karen Livingstone	Allied Health Professional
Claire Brearley	Advances Nurse Practitioner (Pennine)
Chandeena Roshanlall	Trust Representative (East Cheshire)
Clare Garnsey	Trust Representative (Bolton)
Emma Reid	Trust Representative (Stockport)
Mark Pearson	Histopathology Representative
Gillian Hutchison	Radiology Representative
Julie Orford	Lead Breast Nurse (UHSM)
Alison Darlington	Consultant Radiographer (Pennine)
Richard Johnson	Consultant Surgeon (UHSM)
Kate Williams	Oncoplastic Fellow (UHSM)
Thomas Pharaoh	Manchester Cancer
Hannah Leaton	Manchester Cancer
<b>Apologies</b>	
Vanessa Pope	Trust Representative (Mid Cheshire)
Brian Magee	Clinical Oncology Representative
Simon Ellenbogen	Trust Representative (Tameside)
Zahida Saad	Trust Representative (Salford)
Miles Howe	Histopathology Representative
Tara Breslin	Primary Care Representative
Tarek Bakht	Primary Care Representative
Michael Crotch-Harvey	Radiology Representative
Amar Deshpande	Trust Representative (WWL)

Agenda Item	Action
<p><b>1. Welcome</b> MA welcomed everyone to the meeting. Apologies were noted.</p>	
<p><b>2. Working group sessions – development of Greater Manchester quality standards</b> Discussed document presented at Breast Services Implementation Group. Discussion took place in two groups: Clinical and Nursing.</p> <p><b>Guidelines</b> – need to incorporate the Nursing guidelines and data from all of the working groups. Also need to collate all amendments and update document. After this has been completed there will be a follow-up meeting to discuss and finalise.</p> <p><b>ACTIONS:</b> <b>MA &amp; KW to collate amendments and update draft standards document and share with Board.</b></p> <p><b>All Trusts also required to send through data collection document to support standards doc (proforma will be agreed over following week and then sent to Trust Cancer Leads to complete).</b></p>	<p><b>MA &amp; KW</b></p> <p><b>ALL</b></p>
<p><b>3. Feedback from working groups</b></p> <p><b>Clinical Group:</b> Discussed changes within the Standards and decided to divide document into following subgroups: Pathology Radiology Clinical Nursing</p> <p><b>Nursing Group:</b> CB: Set of Nursing standards agreed but document not to be shared yet as they are to be taken to the Nursing meeting first for ratification. The standards are evidence based &amp; include screening guidelines. Will also include AHPs, Physiotherapy, cosmetic services and psychological support. The group will be doing a workforce assessment to establish numbers of people actually on the ground – devised a proforma to take to the Nurses Pathway meeting. Also looking at LWABC. MCIP are also completing work and need to ensure we are not duplicating effort. MA stated standards need to have a consensus from the Pathway Board.</p> <p><b>ACTIONS:</b> <b>CB to send though Nursing guidelines to KW once ratified by Nursing group</b></p>	<p><b>CB</b></p>
<p><b>4. Minutes of the last meeting and matters arising</b></p> <p><b>Radiology workforce questionnaire</b> – Action was for MA and ER to write to the Royal College regarding breast radiology training and capacity issues, cc'd to Ged Byrne. <b>COMPLETED</b></p> <p><b>Treatment Summaries:</b> MCIP are currently working on Treatment Summaries. CB stated that there is duplication of work going on and this need to be amalgamated. MA stated could use National form until MCIP form is</p>	

<p>issued but concern that his needs to be adapted specifically to Breast. UHSM &amp; PAHT to share current Treatment Summaries and further develop.</p> <p><b>ACTIONS:</b></p> <p><b>CB to liaise with JO and bring amended version of the treatment summary back to the Board.</b></p>	<p><b>CB &amp; JO</b></p>
<p><b>5. Objective 1 Improving outcomes with a focus on survival</b></p> <p><b>a) Annual Report and plan</b> MA was to meet with David Shackley to discuss access to data items that the Board would like to look at which are not currently publically available i.e. local recurrence but this has been deferred due to DS being on sick leave.</p> <p><b>ACTIONS:</b> <b>MA to meet with DS on his return.</b></p>	<p><b>MA</b></p>
<p><b>6. Objective 2 Improving patient experience</b></p> <p><b>a) MCIP Update:</b> <b>CH:</b> Additional funds have been provided for the programme up to Nov17 for the implementation phase of the Breast and Lung pathway redesign. Recovery Package steering group met last week for the first time and UHSM are progressing well with the key elements of the recovery package but PAHT are struggling due to not currently having an MCIP facilitator in post. Four projects relating to Breast:</p> <ol style="list-style-type: none"> <li>I. Improving Patient experience by increasing the use of Holistic Needs Assessments &amp; written care plans.</li> <li>II. Improving Supportive Services - especially around Lymphodema</li> <li>III. Implementing the new model of aftercare which will release patients from routine hospital based follow-up.</li> <li>IV. Improving quality of life for advanced breast cancer patients.</li> </ol> <p><b>Also, MCIP are to clarify the working groups as there is a concern that there are currently too many groups.</b></p> <p><b>b) AHP Forum Update:</b> Due to meet on Thursday so feedback will be provided at next meeting.</p> <p><b>c) Patient User Group Update:</b> Nothing to report.</p>	
<p><b>7. Objective 3 Research and clinical innovation</b></p> <p><b>a) Clinical Trials Update:</b></p>	

<p>GM remains the highest recruiting Network into Breast trials (15 networks), however, this is not evenly distributed. Trials continue to diminish year on year but the network is judged against the national position and not against the previous year. More trials are due to open over the next six months and a further update will be provided at the next meeting.</p>	
<p><b>8. Objective 4 Improving and standardising high quality care across the whole service</b></p> <p><b>a) Breast Implementation Services Group:</b>          Clarification was sought over the 'Provider Board' Group and TP stated that this is actually called the 'Breast Implementation Group.' TP clarified that the actual Provider Board is set up of Trust Chief Execs of the ten Trusts across GM.          The Provider Board had authorised for the Breast Implementation Services Group to be established in order to progress work on developing and transforming the Breast Services within GM and UHSM was decreed as the Lead Provider for Breast Services and is to develop a Lead Provider model. This group will then present the model for approval at the Provider Board          Concern was raised as to the members of the Breast Implementation Services Group as not all areas i.e. CNS, AHPs etc are effectively represented. TP clarified that the Pathway Board is to develop Clinical Standards/Guidelines and therefore appropriate representation from all aspects of service providers within Breast Services should be represented at this meeting. The Breast Implementation Services Group is to focus on development of the services and therefore the standards should be fed into this group in order to help guide but broader representation is not required at this meeting. TP said that a statement clarifying the position of this group needs to be issued in order to inform all.</p> <p><b>b) Pathology Update:</b>          National Breast Screening Pathology Audit – MP stated in order to achieve good performance in these figures you need good screening interpretation, good biopsy targeting and good MDT working.          MP stated there is going to be new pathology guidance in terms of reporting guidance issued by the Royal College of Pathologists which is expected to be published in the near future.</p> <p><b>c) Paediatrics in breast clinics survey Update:</b>          Needs to be incorporated into the guidelines/standards. Discussion around it being a commissioning issue as to what sites will provide this and exactly where these patients should initially be referred to. Also, need to clarify provision in line with the National TYA management of cancer.          VP to progress on guidelines.</p> <p><b>ACTIONS:</b></p> <p><b>VP to progress on Paediatrics guidelines</b></p>	<p><b>VP</b></p>
<p><b>9. Any other business</b>  <b>MA – email from Genomic (?) – diagnostic tests.</b> NICE diagnostics and also the NHS Diagnostic funding is looking at what tests should be funded. Email has been sent to clinicians asking for confirmation on what tests are being used in order to guide future diagnostic funding.</p>	

Pathway Boards asked to respond – MA to complete.	<b>MA</b>
<b>10.Date of next meeting</b> Thursday 12th November, 2pm – 5pm, Neuro-Radiology Seminar Room, Salford Royal Foundation Trust	