Manchester Cancer

Breast Cancer Pathway Board

Annual Report 2014/15

Pathway Clinical Director: Mohammed Absar
Pathway Manager: Melissa Wright

Executive summary

The Manchester Breast Cancer Pathway worked with vigour and energy to try and accomplish the objectives set out in the annual plan 2014/15.

1. We have collected data regarding variance in service and survival in Greater Manchester which has been analysed by our data team.
2. Material has been developed for the dissemination to the General Practitioners to improve awareness about breast cancer referral and management of complications.
3. Guidelines for the management of breast cancer and other related guidelines have been completed.

In the next 12 months we are planning to work towards the following goals.

1. To continue consistent data availability and to use the information to look at trends and target areas of poor survival.
2. To explore different clinical models, separating low risk patients and utilising Advance Nurse Practitioners.
3. Improving access to service which supports women living with and beyond cancer and to include improvement and access to services like lymphoedema, psychological support and complementary health care.
4. To develop a process to deliver education through a range of mediums.
5. To encourage low recruiting centres to achieve National recommended standards for clinical trial activity.

Apart from this the Manchester Breast Cancer Service is going through a period of flux with a shortage of Radiologists, non-alignment with the screening service and viability of sub-speciality expertise The Pathway Board is working in close collaboration with the lead cancer commissioners and the UHSM as lead provider to develop a future proof plan for services within the region. This is a huge challenge and there is support across all stakeholders to make his happen.

Introduction – the Pathway Board and its vision

This is the annual report of the Manchester Cancer Breast Cancer Pathway Board for 2014/15. This annual report is designed to:

- Provide a summary of the work programme, outcomes and progress of the Board – alongside the minutes of its meetings, its action plan and it scorecard it is the key document for the Board.
- Provide an overview to the hospital trust CEOs and other interested parties about the current situation across Manchester Cancer in this particular cancer area
- Meet the requirements of the National Cancer Peer Review Programme
- Be openly published on the external facing website.

This annual report outlines how the Pathway Board has contributed in 2014/15 to the achievement of Manchester Cancer's four overarching objectives:

- Improving outcomes, with a focus on survival
- Improving patient experience
- Increasing research and clinical innovation
- Delivering compliant and high quality services

1.1. Vision

The Breast Cancer Pathway Board has built on the work undertaken by the previous Greater Manchester and Cheshire Cancer Network Site Specific Group (GMCCN) and has developed a clear emphasis on the whole pathway of cancer to ensure the delivery of a high quality service that will improve one and five year patient survival and the patient experience of care. The membership of the Board and the Terms of Reference for the Pathway Board reflects these aims and the 2013-14 Annual Plan set out in detail the ambitions of the Board, reflecting the overarching objectives of Manchester Cancer. This was formulated by Jane Ooi, who was the Pathway Director for breast cancer until she January 2015 and replaced by Mohammed Absar in June.

1.2. Membership

The table below outlines the membership of the Breast Cancer Pathway Board

Table 1. Breast Cancer Pathway Board membership

NAME	ROLE	TRUST
Jane Ooi/Clare Garnsey (from 09.03.15)	Chair/Consultant Breast Surgeon	Bolton
Melissa Wright	Pathway Manager	
Mark Pearson	Consultant Histopathogist	Bolton
Gillian Hutchison	Screening Programme Director	
Helen Sewell	CNS	
Brian Magee	Consultant in Clinical Oncology	Christie
Anne Armstrong	Consultant in Medical Oncology	
Chandeena Roshanlall	Consultant Breast Surgeon	East Cheshire
Michael Crotch-Harvey	Consultant radiologist	
Vanessa Pope	Consultant Breast Surgeon	Mid Cheshire
Mohammed Absar (**Chair from June 2015)**	Consultant Breast Surgeon	Pennine
Clare Brearley	AHP	
Zahida Saad	Consultant Breast Surgeon	SRFT
Mr Amir Sharif/Emma Reid (from January 2015)	Consultant Breast Surgeon/Consultant Radiologist	Stockport
Nigel Bundred	Consultant Breast Surgeon/Research	UHSM
Miles Howe	Consultant Histopathogist and Pathology QA Lead	
Karen Livingstone	AHP	
Amar Deshpande	Consultant Breast Surgeon	WWL
Coral Higgins	Commissioning	
David Makin	Patient	
Tara Breslin	GP	
Tarek Baht	GP	
Amanda Myerscough	GP	
Julie Orford	AHP	
Simon Ellenbogen	Consultant Breast Surgeon	Tameside
Claire Gaskell	AHP	

The named leads supporting specific areas of the pathway are listed below:

Research – Nigel Bundred
Early Diagnosis – Amanda Myesrcough
Living with and beyond cancer – Mohammed Absar

1.3. Meetings

The first meeting of the Board took place on 1st May 2014 and a meeting takes place every two months. The minutes of the meetings are published on Manchester Cancers' website and can be found here

A full list of meeting dates and a record of attendance can be found in the appendix. In general, the Board is fairly well attended by Trust representatives with deputies attended when required. There is a slight exception in relation to attendance by the primary care representatives and Tameside Trust. In the forthcoming year, it will be important to understand whether the current membership has the resource available to support the development of the Board or whether alternative membership will need to be sought.

The Board note the importance of developing and delivering educational initiatives and have spent a considerable amount of time working on an educational resource to support primary care professionals better manage patients following completion of primary treatment. The Board are currently examining how best to disseminate this education programme.

2. Summary of delivery against 2014/15 plan

No	Objective	Alignment with Provider Board objectives	Tasks	By	Status Green = achieved Amber = partially achieved Red = not achieved
1	To identify the 1-year survival rates for breast cancer within Greater Manchester and identify any opportunities to improve performance.	Improve 1-year survival	A process of collecting 1-year survival data to be agreed by Working Group and North West Cancer Intelligence Service (NWCIS)	November 2014	Amber
			Retrospective data to be analysed by NWCIS and unit level and 1-year survival rates produced	February 2015	Amber
			Results of analysis to be presented at Pathway Board	March 2015	Amber
2	To identify and benchmark surgical outcome data including local recurrence and identify any opportunities to improve performance	Improve 1-year survival	A process of collecting surgical outcome data including recurrence to be agreed by Working Group and North West Cancer Intelligence Service (NWCIS)	November 2014	Red
			Retrospective data to be analysed by NWCIS and unit level and data on surgical outcomes produced	February 2015	Red
			Results of analysis to be presented at Pathway Board	March 2015	Red
3	To ensure the work of the Pathway Board is disseminated to all relevant stakeholders it plans to undertake a range of education and engagement activities. These activities will highlight any concerns regarding elements of the pathway and disseminate and update good practice across the region and across primary and secondary care.	Patient experience	List of event ideas to be developed	July 2014	Green
			Identify whether funding for events is available	November 2014	Amber
			The Christie School of Oncology to be contacted to identify what support they can provide in the organisation of events	November 2014	Green

			Planning for first event to take place	January 2015	Amber
4	Guidelines for the management of breast cancer should be reviewed and new guidelines to be developed to reflect current practice	High quality compliant services	Review of 2012 network clinical guidelines with named author leads assigned to each chapter	November 2014	Green
			Chapter headings developed and agreed to support document	December 2014	Green
			Working document for clinical guidelines to be developed for review by Pathway Board	February 2015	Amber
5	To explore the range of follow-up and survivorship strategies that are available across the region and identify the impact of any variances.	Patient experience	Map current follow-up practices	November 2014	Green
			Support and use learning from MCIP project	On-going	Amber
			Develop and use innovative practices in survivorship and Living with and Beyond Cancer	On-going	Green

3. Improving outcomes, with a focus on survival

3.1. Information

Incidence and Prevalence

Data from Cancer Research UK identifies breast cancer as the most common cancer for women in the UK and accounting for 30.9% of all cancers registered in England in 2012. The age standardised incidence rate has increased slightly since 2002, however this may be due to the introduction of the national screening programme. Since 2008 there has been a slight decrease in the age standardised rate.

The main risk factor for breast cancer, after gender, is age; 80% of all new cases of breast cancer diagnosed among women in 2012 were among those aged 50 and over. It is estimated that about 27 per cent of cases of female breast cancer in the UK are linked to lifestyle and environmental factors, such as alcohol consumption, obesity, lack of physical activity, and hormonal and reproductive factors (ONS 2014).

Table 2. Directly age standardised rate per 100,000 population of newly diagnosed cases of cancer

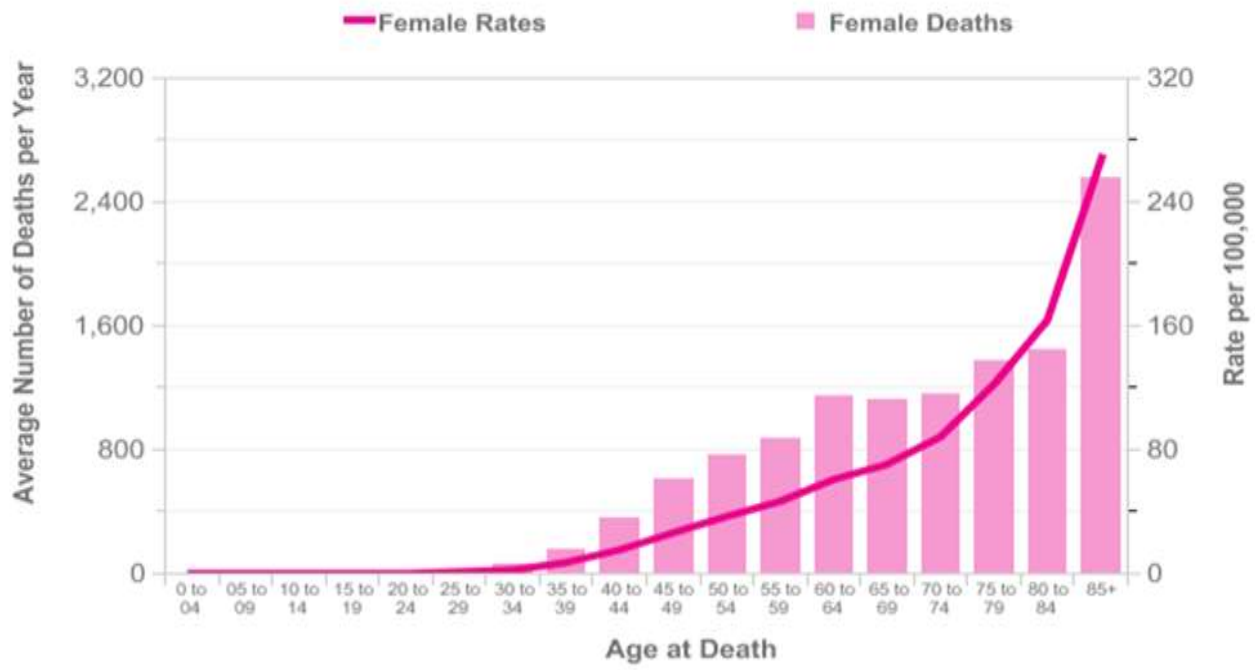
ICD-10 Code	Site description		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
C00-C97	All cancers	M	**817.3**	**820.1**	**846.5**	**848.1**	**870.3**	**883.8**	**930.8**	**928.8**	**926.7**	**901.2**	**884.0**
		F	**591.6**	**606.4**	**615.8**	**626.6**	**641.1**	**652.7**	**687.5**	**682.0**	**685.2**	**673.3**	**661.7**
	Malignant neoplasm												
C50	of	M	1.5	1.6	1.5	1.3	1.4	1.3	1.4	1.5	1.6	1.4	1.3
	breast	F	152.5	160.6	161.0	163.6	162.3	160.1	164.5	162.3	164.5	162.6	163.8

Mortality

Female breast cancer mortality is strongly related to age, with the highest mortality rates being in older women. In the UK between 2010 and 2012, an average of 46% of breast cancer deaths were in women aged 75 years and over, and around three-quarters (76%) were in those aged 60 years and over.

Age-specific mortality rates rise steadily from ages 30-34, and then more sharply from age 70-74, with the highest rates in the 85+ age group.

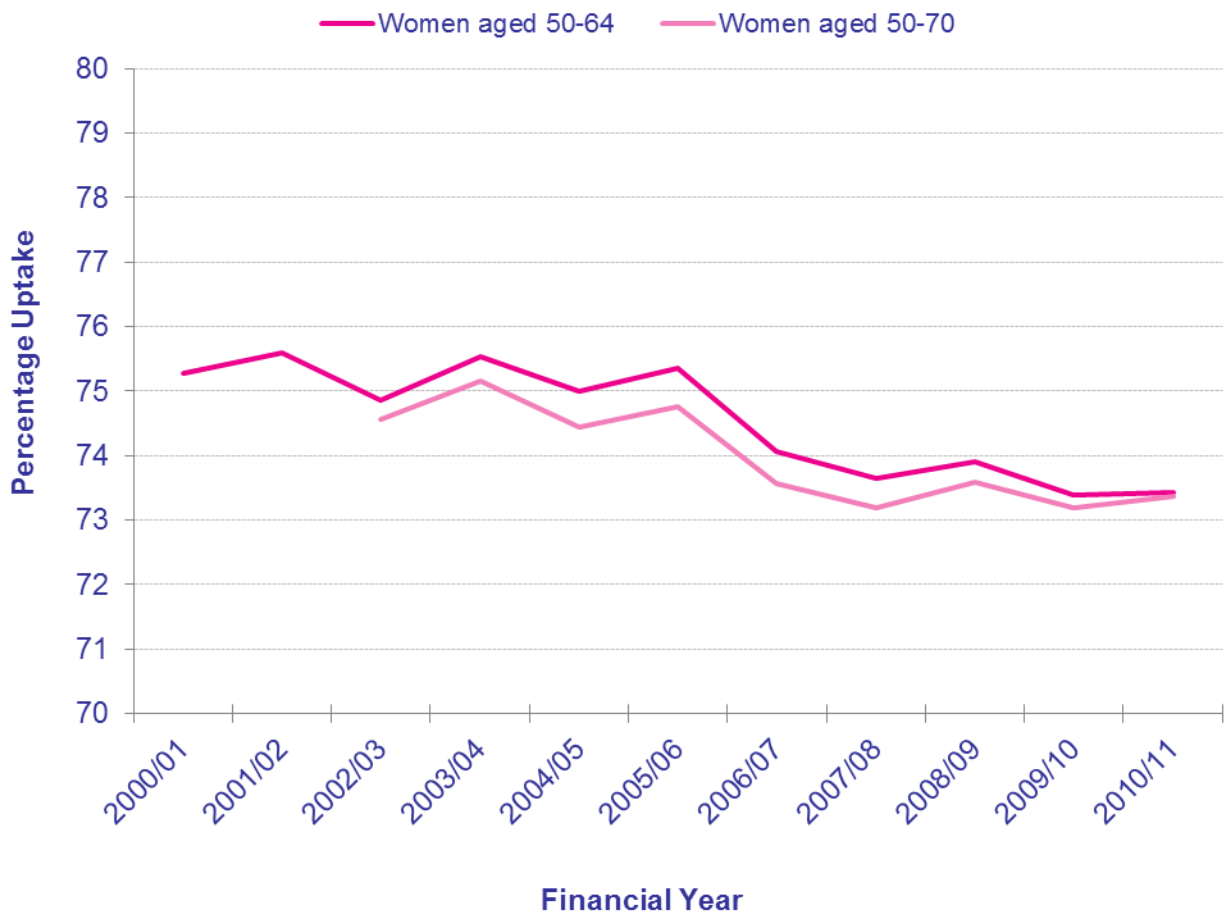
Figure 1. Average number of deaths per year and age specific mortality rates, UK, 2010 – 2012



Screening

Across the UK women aged 50 to 70 are invited for breast screening with mammography every three years by the NHS Breast Screening Programme (NHSBSP). Women over 70 are eligible for breast screening but are not automatically invited. In England a trial is taking place to look at the possible benefits of extending breast screening so that women aged 47 to 50 and 70 to 73 are also invited. Since 2001 there has been a slight decrease in the percentage of women taking up breast cancer screening.

Figure 2. Breast Screening Uptake 2001 – 2011



Survival

Data from Cancer Research UK identifies that 96% of women survive breast cancer for at least one year with 87% of women surviving for at least five years or more. As with most cancers, survival for breast cancer is improving. Out of 20 common cancers in England and Wales, ten-year survival for breast cancer in women ranks 5th highest overall (and 3rd highest for females only).

3.2. Progress

In respect to the target of improving outcomes with a focus on survival, the 2014-15 annual plan set an objective to identify 1-year survival and other data indicators in relation to breast cancer services. Some work was undertaken by the Manchester Cancer core team in relation to accessing data. There has been some success in regards to this, which includes developing a working relationship with the local Knowledge Intelligence Team (KIT) who have provided the Board with contemporaneous survival rates by CCG and through a data

analyst recruited by Manchester Cancer, a breast scorecard of data was developed using a range of data sources including Cancer Outcomes Services Dataset.

3.3. Challenges

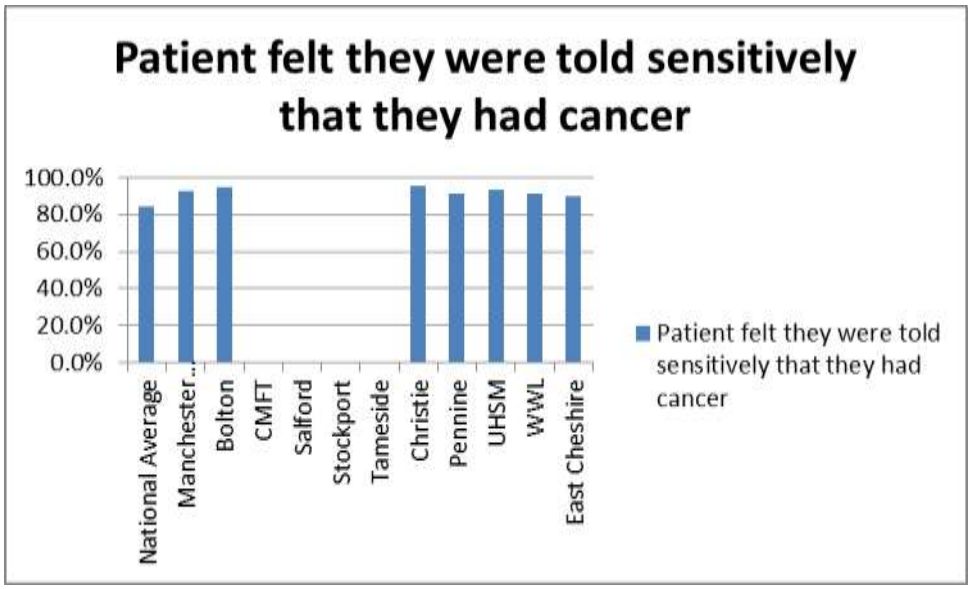
It will be important for the Board to understand what the data available is indicating regarding the current service and in particular what this means regarding patient quality of care. This may require more intensive analysis of the results through audit/investigation at a local level.

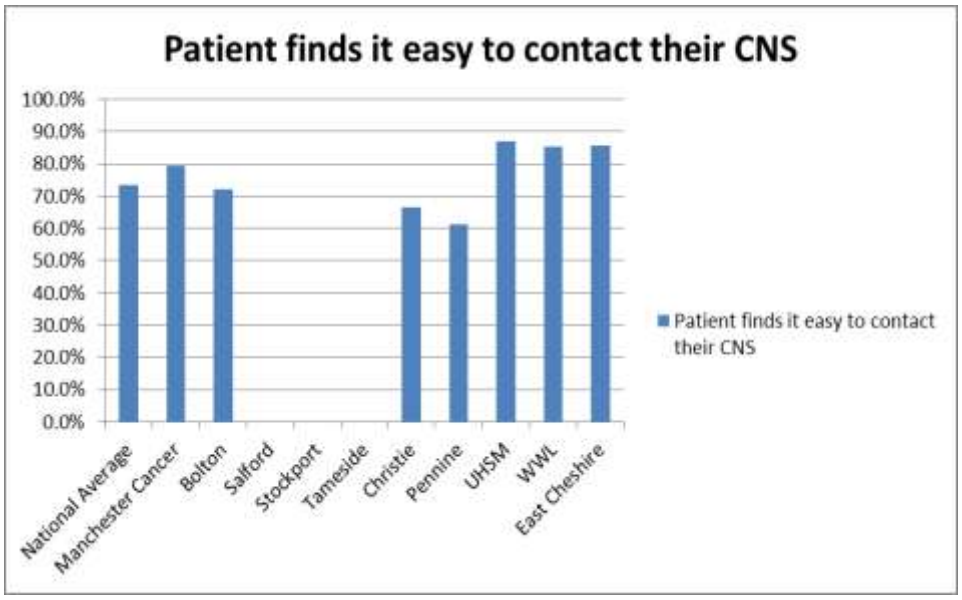
4. Improving patient experience

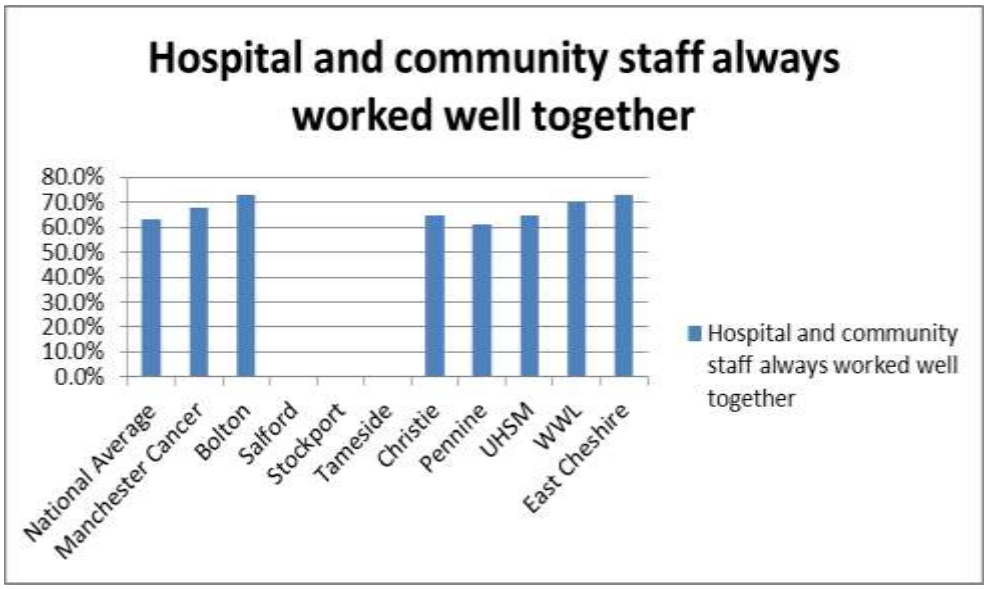
4.1. Information

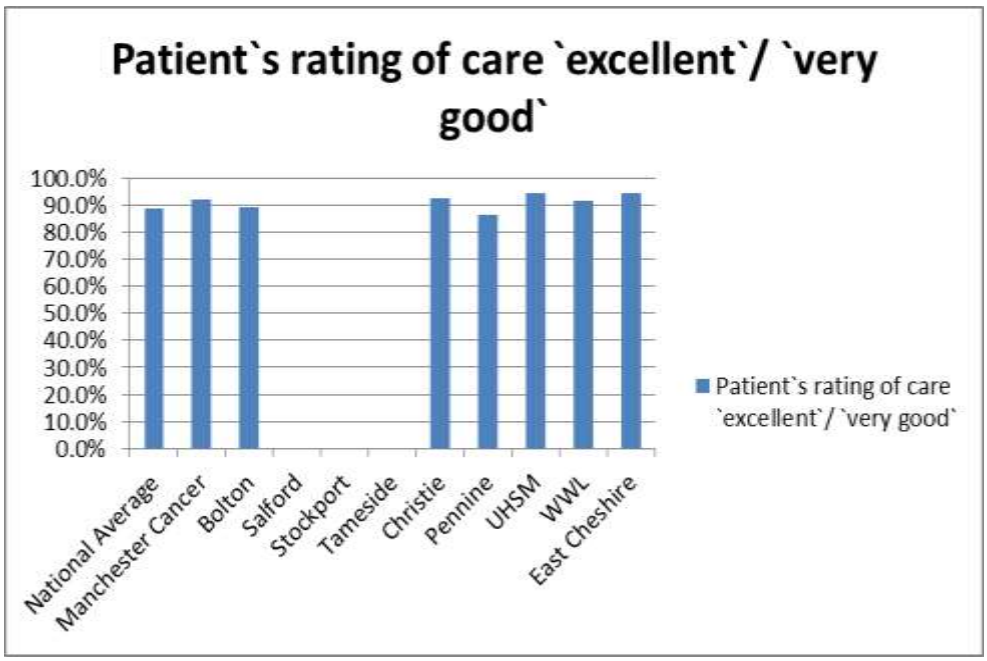
Outcomes from the National Patient Experience Survey were initially reviewed in the January Pathway Board and have also been discussed in the Allied Health Professionals group. This year patients were asked to highlight key questions from the survey that they felt were particularly significant. These questions will be monitored by the Manchester Cancer Provider Board as part of their scorecard. Below are the results to a sample of these questions in respect to breast cancer by Trust with the national and regional average as comparators. Trusts with less than 20 responses to a question are not included in the results.

Figure 3. NCPES results to questions identified by Manchester Cancer Provider Board









4.2. Progress

In regards to the overall target of patient experience, last years' plan set two objectives; to support the understanding of the breast cancer pathway through the development of education and engagement activities and to develop a baseline for survivorship and a significant amount of work has been undertaken on both of these objectives. A working group was established to highlight potential educational opportunities and agreed to plan a primary care focused event that would support the needs of patients living with and beyond breast cancer. The education event has been structured and presenters have been identified. There has been limited success in obtaining funding for this event and in regards to agreeing how the training will be disseminated across the region.

In regards to the second objective, all Trusts were contacted with a template questionnaire regarding their current activities in regards to Living with and Beyond Cancer (LWBC).

Responses were received from five Trusts which indicated that there was substantial activity across breast teams to support patients following primary treatment for breast cancer but there was also considerable variation. A summary of the responses can be found in Appendix 3. In addition to the actions identified in the annual plan, the pathway board with significant input from the Allied Health Professionals (AHP) group successfully bid for funding from the LWBC Innovation Fund. The project will focus resources and support to assist metastatic breast patients.

4.3. Challenges

As stated above, there has been significant time spent by the Board developing the educational event, but there now needs to be a focus on identifying the best approaches to disseminating this information. Manchester Cancer has been pursuing some opportunities with the Christie School of Oncology to facilitate the organisation of events as well as the development of online tools.

Through the successful bid to the LWBC Innovation Fund, there will be a clear focus on developing LWBC initiatives for the forthcoming year. It will be important that through both the Board and the AHP group, there is continued focus on identifying opportunities to standardise the availability of the recovery package across the region.

5. Increasing research and innovative practice

5.1. Information

Last year Greater Manchester Clinical Research Network (GMCRN) patients participated in 1138 interventional and 3776 observational breast cancer trials. University Hospital of South Manchester (UHSM) was the largest recruiting centre, recruiting over 90% of the trials undertaken last year however these included one observational studies that recruited large numbers of patients (PROCAS). B-AHEAD 2 and MAMMO-50 recruited across the largest number of centres and Stockport recruiting the fewest number of patients into trials overall. Trial recruitment is regularly discussed at Board meetings with the Research Lead providing additional data on trials that are open and about to recruit.

5.2. Progress

Last year the Pathway Board did not set any specific objectives in regards to increasing research and innovative practice.

5.3. Challenges

This year it will be important to work with the Research Lead to ensure that there is a clear objective in relation to this Manchester Cancer target, in particular, supporting those Trusts that are significantly low recruiters.

6. Delivering compliant and high quality services

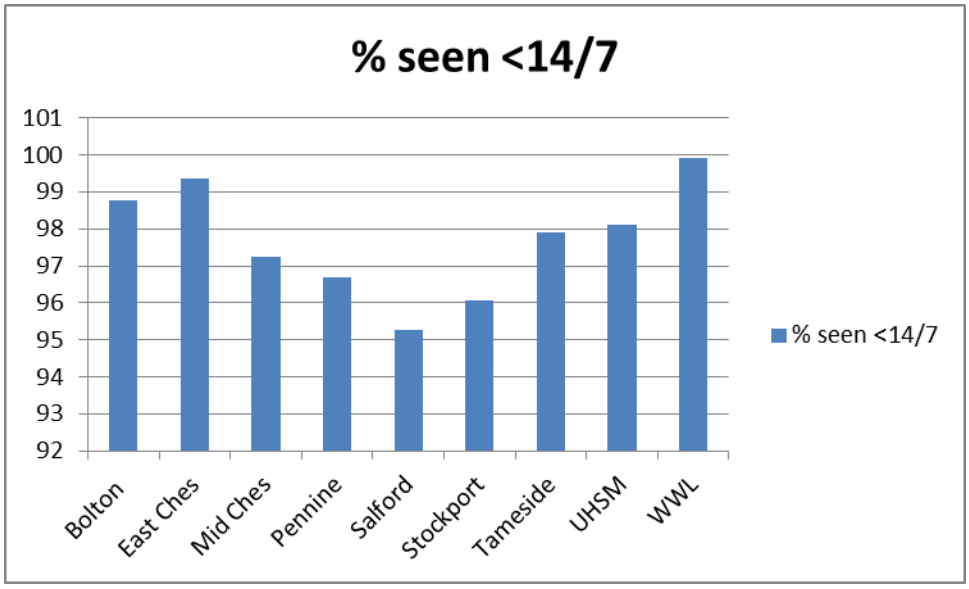
6.1. Information

This year the Pathway Board has reviewed a range of data to understand how well breast cancer services are performing across the region. The age standardised incidence rate per year recorded by Greater Manchester CCG's 2010 -12 for breast cancer was 161.6 which is similar to the national rate. Within this period there were 457 deaths recorded due to breast cancer which equated to a mortality rate of 34.6.

Cancer wait performance

The Board reviews the performance of all Trusts with regards to cancer wait times against national targets. Although it is recognised that the number of two week wait referrals have been increasing over the years, all Trusts have been able to maintain the standard of 93% of all patients seen within two weeks.

Figure 4. Annual 2WW performance for suspected breast cancer by Trust 2014-15



Similarly, all Trusts are performing well in regards to patients being referred and undertaking their first treatment within 62 days and are well above the 85% performance target for this standard.

Table 3. Quarterly 62 day performance by Trust 2014-15

(national standard 85%)	Q1 2014-15			Q2 2014 - 15			Q3 2014-15			Q4 2014-15		
	Total	<62/7	%	Total	<62/7	%	Total	<62/7	%	Total	<62/7	%
Bolton	35	33	94.30%	35	34	97.10%	30	30	100.00%	18	18	100.00%
East Ches	25.5	25.5	100.00%	22.5	22.5	100.00%	21	19.5	92.90%	23.5	23.5	100.00%
Mid Ches	28.5	28	98.20%	33.5	32.5	97.00%	25	25	100.00%	22	22	100.00%
Pennine	69.5	68.5	98.60%	68	67	98.50%	64.5	64.5	100.00%	69	69	100.00%
Salford	25	25	100.00%	23	23	100.00%	20	18	90.00%	16.5	16.5	100.00%
Stockport	31	31	100.00%	30	30	100.00%	31.5	29.5	93.70%	27	27	100.00%
Tameside	23	22.5	97.80%	23	23	100.00%	22	21.5	97.70%	26	26	100.00%
The Christie	11	10.5	95.50%	11.5	11.5	100.00%	12	11.5	95.80%	9.5	9.5	100.00%
UHSM	40.5	40	98.80%	54.5	54.5	100.00%	54	52.5	97.20%	45.5	45.5	100.00%
WWL	29	29	100.00%	18.5	17.5	94.60%	28	28	100.00%	27.5	27.5	100.00%

Stage at diagnosis

The stage at which symptomatic patients are diagnosed is similar across all CCG's with the majority of patients being diagnosed at stage 1 and 2. Stockport has a higher number of patients diagnosed at stage 2 as opposed to stage with a larger number of patients classified as having an unknown stage.

Table 4. Stage at diagnosis of breast cancer by CCG 2012

CCG	Stage 1	Stage 2	Stage 3	Stage 4	Unknown	Total
NHS Bolton	85	82	31	12	5	215
NHS Bury	57	48	22	5	12	144
NHS Central Manchester	41	29	10	9	5	94
NHS Eastern Cheshire	86	69	25	13	17	210
NHS Heywood, Middleton & Rochdale	53	40	15	13	12	133
NHS North Manchester	46	31	6	2	6	91
NHS Oldham	76	60	19	4	14	173
NHS Salford	88	54	25	11	7	185
NHS South Manchester	41	32	8	7	15	103
NHS Stockport	74	101	26	17	41	259
NHS Tameside and Glossop	63	76	22	19	17	197
NHS Trafford	79	54	16	14	17	180
NHS Wigan Borough	95	82	21	16	11	225
Total	*884*	*758*	*246*	*142*	*179*	*2,209*

Survival

The one-year and five year relative survival for breast cancer is presented below with the lower and upper confidence limits. The rates for England and Greater Manchester are broadly the same however North Manchester CCG is an outlier for both one- and five-year relative survival.

Table 5. One-year relative survival for female breast cancer by CCG, 2007-2011

CCG	One-year (2007-2011)		
	RelSurv	***LCL***	***UCL***
England	96.2	96.1	96.3
Greater Manchester	96.0	95.5	96.4
East Cheshire	97.8	96.2	99.0
Salford	97.3	95.4	98.6
Bolton	97.1	95.5	98.3
Stockport	96.8	95.3	98.0
Trafford	96.2	94.4	97.6
Wigan Borough	96.0	94.5	97.2
Bury	96.0	93.9	97.6
Heywood, Middleton & Rochdale	96.0	93.9	97.5
Central Manchester	95.8	92.8	97.7
South Manchester	95.7	93.1	97.7
Oldham	94.8	92.5	96.5
Tameside and Glossop	94.6	92.6	96.1
North Manchester	93.5	90.2	95.9

Table 6. Five-year relative survival for female breast cancer by CCG, 2002-2006

CCG	Five-year (2002-2006)		
	RelSurv	***LCL***	***UCL***
England	82.8	82.6	83.0
Greater Manchester	82.0	81.0	83.0
Stockport	87.3	84.7	89.7
East Cheshire	85.4	82.1	88.4
Trafford	84.2	80.7	87.3
Bolton	83.8	80.6	86.7
Bury	83.3	79.6	86.7
South Manchester	81.9	77.1	86.2
Salford	81.3	77.6	84.7
Heywood, Middleton & Rochdale	81.2	77.5	84.5
Oldham	80.7	76.9	84.1
Wigan Borough	79.9	76.9	82.7
Central Manchester	79.6	73.9	84.5
Tameside and Glossop	79.2	75.8	82.3
North Manchester	75.9	70.6	80.6

6.2. Progress

Last year the Breast Cancer Pathway board set the objective to review and develop new guidelines to reflect current practice in relation to the Manchester Cancer target of delivering high quality, compliant co-ordinated and equitable services. The Pathway Board have spent significant time undertaking a process of review with the relevant clinical members of the Board. Most of the new guidelines required have been developed and are ready for sign off. An audit of the old guidelines has been undertaken to ensure all relevant guidance has been included. Once completed, the guidelines will be disseminated via the Manchester Cancer website.

6.3. Challenges

There are a couple of chapters within the breast cancer services network guidelines that are still to be completed and it will be important that this work is undertaken to ensure that all relevant guidance has been updated.

7. Objectives for 2015/16

The objectives for 2015-16 will build on the noteworthy work undertaken by the Board last year and in addition will reflect upon the range of activities supported by the AHP group. Specifically these will include:

- Data - Using data to review and understand local trends and target areas of need
- Service models - Understanding how different clinic models will support breast teams to better manage patient care
- Living with and beyond cancer – to implement and develop this work stream as identified through the Innovation fund project and other activities
- Education – to develop a process to deliver education that best meets the needs of the audience
- Recruitment to trials – to develop a more proactive approach to identifying and supporting low recruiting trials

8. Appendix 1 – Pathway Board meeting attendance

NAME	ROLE	TRUST	01/05/2014	02/07/2014	08/09/2014	05/11/2014	14/01/2015	09/03/2015	07/05/2015
Jane Ooi/Clare Garnsey (from 09.03.15)	Chair/Consultant Breast Surgeon	Bolton	✓	✓	✓	✓	✓	✓	✓
Melissa Wright	Pathway Manager		✓	✓	✓	✓	✓	✓	✓
Mark Pearson	Consultant Histopathogist	Bolton	✓	✓	✓	✓	✓	✓	Apols
Gillian Hutchison	Screening Programme Director		N	Apols	✓	✓	✓	✓	✓
Helen Sewell	CNS		N						
Brian Magee	Consultant in Clinical Oncology	Christie	N	✓	Apols	✓	✓	Apols	✓
Anne Armstrong	Consultant in Medical Oncology		✓	✓	✓	Apols	✓	✓	Apols
Chandeena Roshanlall	Consultant Breast Surgeon	East Cheshire	✓	✓	✓	Apols	✓	✓	✓
Michael Crotch-Harvey	Consultant radiologist		✓	Apols	✓	Apols	✓	✓	✓
Vanessa Pope	Consultant Breast Surgeon	Mid Cheshire	✓	✓	Apols	✓	✓	✓	✓
Mohammed Absar (**Chair from June 2015)**	Consultant Breast Surgeon	Pennine	✓	✓	Apols	✓	✓	✓ Interim Chair	✓
Clare Brearley	AHP		✓	✓	Apols	✓	Apols	Apols	deputy
Zahida Saad	Consultant Breast Surgeon	SRFT	✓(deputy)	✓	✓	Apols	✓	Apols	✓
Mr Amir Sharif/Emma Reid (from January 2015)	Consultant Breast Surgeon/Consultant Radiologist	Stockport	✓	✓	✓	Apols	✓	✓	✓
Nigel Bundred	Consultant Breast Surgeon/Research	UHSM	N	✓	✓	Apols		✓	Apols
Miles Howe	Consultant Histopathogist and Pathology QA Lead		✓	Apols	✓	Apols	✓	Apols	Apols
Karen Livingstone	AHP		N	✓	Apols	✓	Apols	Apols	✓
Amar Deshpande	Consultant Breast Surgeon	WWL	N	✓	✓	✓	✓	✓	Apols
Coral Higgins	Commissioning		N	Apols	✓	✓	✓	✓	Apols
David Makin	Patient		✓	✓	Apols	✓	✓	✓	Apols
Tara Breslin	GP		✓	Apols	Apols	Apols	Apols	Apols	Apols
Tarek Baht	GP			Apols			Apols	Apols	Apols
Amanda Myerscough	GP		N	Apols	✓	✓	✓	Apols	Apols
Julie Orford	AHP				✓				
Simon Ellenbogen	Consultant Breast Surgeon	Tameside		N	Apols	Apols	✓	Apols	Apols
Claire Gaskell	AHP							✓	✓

9. Appendix 2 – Pathway Board Annual Plan 2015/16

Breast Cancer Pathway Board Annual Plan 2015-16

Pathway Clinical Director:	Mohammed Absar
Pathway Board Members:	
Pathway Manager:	Melissa Wright
Date agreed by Pathway Board:	7th May 2015
Review date:	June 2016

Summary of objectives

The Pathway Board should agree three to five objectives. Objectives should be specific, measurable, achievable, relevant and time-bound. The timeline for achievement of objectives can extend beyond 2015/16 but the Pathway Board should be clear on what progress will be made within the year.

The agreed objectives should be summarised here and expanded upon in the following pages. The summary should also outline the alignment of these objectives to those of the Manchester Cancer Provider Board outlined in the appendix.

No	Objective	Alignment with Provider Board objectives
1	To ensure continuing consistent data availability to look at trends and target areas of poor survival	**Improving outcomes with a focus on survival**
2	Explore and encourage different clinic models, separating low risk women and utilising advanced practionners	**Delivering high quality, compliant, coordinated and equitable services**
3	Improve access to services which support women living with and beyond cancer, to include lymphoedema clinics, anticipatory care, psychological support and complimentary healthcare	**Improving patient experience**
4	To develop a process to deliver education through a range of mediums	**Improving patient experience**
5	To encourage low recruiting centres to achieve national recommended standard for clinical trial activity.	**Increasing research and innovative practice**

Objective 1: To ensure continuing consistent data availability to look at trends and target areas of poor survival

Objective:	To ensure available data is consistently collected and presented to the Board
Rationale:	1. To review performance and outcome measures regarding the breast services in Greater Manchester. 2. Base future action plans on improving quality and consistency of care provided.
By (date):	This will be an on-going objective, with additional data items added once they become available
Board measure(s):	Data as a standing agenda item at each Pathway Board meeting.
Risks to success:	Poor access to data
Support required:	Manchester Cancer will need to continue to develop local solutions to support Pathway Boards with access to data.

The programme of work through which the Pathway Board will achieve the objective should be outlined below. This can take whatever form the Pathway Board considers appropriate. Two suggested formats are provided.

Work programme

Action	Resp.	By (date)
A process of collecting a range of available data sources is agreed	MW/PB	October 2015
Data is reviewed at meetings and key issues highlighted	PB	Ongoing
Any concerns/issues regarding the data are further explored locally though validation/audit etc	PB	
Findings from these investigations discussed	PB	On-going

Objective 2: Explore and encourage different clinic models, separating low risk women and utilising advanced practionners

Objective:	Explore and encourage different clinic models, separating low risk women and utilising advanced practionners
Rationale:	To reduce variation and to ensure appropriate quality of care to all patient groups
By (date):	Mapping of current clinic activity by March 2016 Revised clinic models to be developed in conjunction with breast service configuration
Board measure(s):	Meeting of 2 weeks, 31 days and 62 days target.
Risks to success:	This objective will be contingent on breast departments being able to triage different patient groups and at present this is not feasible within the choose and book process
Support required:	The findings from this objective will need to be incorporated into the configured breast service to ensure that revised clinic models are implemented into the core service.

Work programme

Action	Resp.	By (date)
Questionnaire to explore current clinic models across the region to be developed	PB	September 2015
Questionnaire to be agreed with Pathway Board	PB	November 2016
Mapping of current clinical models to be implemented	Trust representatives	January 2016
Findings presented to the Board	MW	March 2016

Objective 3: Improve access to services which support women living with and beyond cancer

Objective:	Improve access to services which support women living with and beyond cancer for breast cancer patients.
Rationale:	To improve the consistency of support provided for breast patients across the region in line with National Cancer Survivorship Initiative.
By (date):	June 2016
Board measure(s):	The Living with and beyond cancer Pathway Board audit on patient experience
Risks to success:	Limited influence to facilitate change in individual Trusts and the support required by the AHP group to develop and implement change at an individual Trust level.
Support required:	Access to LWBC services and support to be incorporated by commissioners in breast service specifications.

Work programme

Action	**Resp.**	**By (date)**
Implementation of LWBC Innovation Fund project	CG	June 2015
Monitoring of project undertaken at PB	CG/PB	On-going
LWBC as a standing agenda item on AHP group and PB	MA/AHP group	On-going
Develop a process to standardise implementation of elements of the recovery package	AHP group/PB	September 2015
Evaluate progress of Innovation Fund project	PB/AHP group	May 2016

Objective 4: To develop a process to deliver Education through a range of mediums

Objective:	To develop a process to deliver Education through a range of mediums
Rationale:	To develop a range of models and tools that will inform professionals to support the needs of breast patients within the community.
By (date):	There is a current training programme developed and should be implemented by December 2015. A future education programme should be implemented and evaluated by June 2016
Board measure(s):	Education is a standing agenda item and education initiatives are regularly developed
Risks to success:	Education initiatives developed will need to meet the needs of their target audience.
Support required:	Manchester Cancer will need to provide support in marketing and promoting educational events

Work programme

Action	Resp.	By (date)
PB tool to identify education needs within primary and secondary care	PB	September 2015
Training tool developed and a process to deliver the training agreed	PB	January 2016
Training to be delivered	PB	March 2016
Evaluation of training to take place	PB	May 2016

Objective 5: To encourage low recruiting centres to achieve national recommended standard for clinical trial activity

Objective:	To encourage low recruiting centres to improve by 10% and achieve national recommended standard for clinical trial activity to reduce variability in research participation
Rationale:	Increasing research is one of the four aims of Manchester Cancer and the evidence identifies that patients who are part of clinical trials tend to experience better survival.
By (date):	A review of trial activity at Trust level will be reviewed in June 2016 as part of the annual planning process.
Board measure(s):	Research update is a standing agenda item at the pathway board and current trials are discussed at each meeting. Trust participation figures are also discussed through quarterly information provided by the Clinical Research network.
Risks to success:	It will be a challenge to encourage Leads to act as Principal Investigators for national trails without previous positive experience or time in job plan. Limited research nurse resource to support this work at individual Trust level.
Support required:	Research participation to be regularly reviewed as part of the Manchester Cancer Provider Board Scorecard.

Work programme

Action	Resp.	By (date)
Research update and discussion as a regular agenda item at PB	MA/NB	On-going
Review of clinical research network reports to determine participation in key trials	NB/MA	On-going
Discuss participation rates at PB meeting, determine areas of difficulty	MA/PB	On-going
Approach low recruiting sites to progress further	NB/MA	On-going

Appendix: Manchester Cancer Provider Board objectives

1. Improving outcomes, with a focus on survival

We aim to:

- have a cancer survival rate for all cancers one year after diagnosis that is consistently higher than the England average for patients diagnosed beyond 2012
- have a one-year survival rate higher than 75% for patients diagnosed in 2018
- narrow the gap with Sweden's one-year survival rate from 12% (now) to 6% for patients diagnosed in 2020
- approach Sweden's one-year survival rate by 2025, and
- have greater than 70% of cancer patients diagnosed in 2020 survive at least five years

2. Improving patient experience

We aim to:

- improve year-on-year the patient experience across the region (as measured by the National Cancer Patient Experience Survey), and
- have the best performance in core patient experience questions of any major city area in England by 2015

3. Increasing research and innovative practice

We aim to:

- increase the proportion of patients involved in clinical trials from 30% to more than 40% by 2019

4. Delivering high quality, compliant, coordinated and equitable services

We aim to:

- support our specialist commissioning colleagues to deliver compliance in the four historically non-compliant specialist cancer surgery services (oesophago-gastric, hepato-pancreato-biliary, gynaecology and urology) by December 2015, and

maintain regional compliance with the national cancer 62-day waiting time t

10. Appendix 3 Overview of responses to the Living with and beyond breast cancer questionnaire

Introduction

Following the development of the Specialist Nurses and AHP group aligned to the Pathway Board and initiated by the Macmillan Cancer Improvement Partnership, a questionnaire was sent out to all Trusts with a breast team to assess the interventions available for patients living with and beyond cancer.

The questionnaire had been adapted from one initially developed by Mrs Sarah Duff and specifically looked at activities Trusts undertook within the National Cancer Survivorship Initiative (NCSI) Recovery Package as well as identifying how each Trust supported patients with follow-up and the management of late effects. Responses were received from **Pennine, Mid Cheshire, UHSM, The Christie and Wigan.**

Holistic needs assessments

Most Trusts did not undertake HNA's routinely and used a variety of tools including the Macmillan assessment as part of this process. The assessment would usually be undertaken prior to treatment however Pennine completed this during the nurse led follow-up.

Treatment summaries

No Trust had a standardised format in regards to the provision of treatment summaries following the completion of primary treatment and were not undertaken in Pennine or UHSM. At Wigan, patients were offered a copy of the GP letter rather than a full treatment summary. Most Trusts offered patient the opportunity to receive the data but again, this was not routine. The content of the treatment summaries varied but generally included the diagnosis, treatment summary and histology results. Both Wigan and Mid Cheshire provided a discharge summary 5 year's post treatment.

Health and Wellbeing events

None of the Trusts delivered health and wellbeing events apart from Mid Cheshire, whose event was facilitated by Macmillan and the local hospice. UHSM provided patients with the Moving Forward programme which was facilitated by Breast Cancer Care. Both Mid Cheshire and UHSM held these events fairly regularly for all breast patient groups. A variety of health professionals were invited to attend including dieticians, BCN's, physiotherapists, psychologists and complimentary therapists.

In addition, the breast teams in most Trusts provided other services to support living with and beyond cancer including HOPE courses, image workshops and coffee mornings. The Christie refers patients requiring these services to UHSM and the Trafford Macmillan team. There was no standardised format undertaken to collate and evaluating patient's views by Trusts in regards to these activities.

Follow-up

Both Pennine and Mid Cheshire indicated that they undertook patient directed follow-up and this included telephone follow-up to BCN and contacting the BCN where an assessment and triage is undertaken. UHSM felt that there was ample capacity to undertake patient directed follow-up and Pennine felt that between 50 – 70% of patients could be placed on this pathway.

In regards to accessing tests for ECHO, patients treated at Pennine would need to access these at UHSM due to contractual arrangements. The Christie patients would also access these tests from UHSM. Most other Trusts were able to provide tests for ECHO and DEXA for their patients but would sometimes refer to other Trusts.

Lymphoedema services were generally provided by the Trust via a BCN. Wigan also had access to a specialist lymphoedema service and Mid Cheshire accessed the service through a local hospice. Most Trusts felt the psychological services were variable across the region with some services being provided in-house and others by tertiary and community organisations.

Late Effects

All Trusts who responded indicated that they enquired about late effects. Both Pennine and UHSM would do so for up to 5 years and the Christie would only do so if under the care of the BCN and only for a year. Trusts generally enquired about lymphoedema, menopausal symptoms, psychological effects and the effects of chemotherapy. The HNA and HAD score were used by Mid Cheshire and Wigan to identify this information. All Trusts apart from Pennine indicated that they referred patients onto other specialties for late effects assessment and treatment.

Risk stratification

Mid Cheshire, the Christie and Wigan all indicated that they used some element of risk stratification for breast cancer recurrence. This included NPI and TNM scoring systems as well as Oncotype DX.

Summary

From the data submitted from the 5 Trusts, there is clearly a lot of work being undertaken by breast teams to support the needs of patients entering into the survivorship stage. More work needs to be undertaken to standardise some of this activity to ensure the resources are put into the right interventions and are available to all who need it. The national and local focus on the Living with and beyond agenda as well as the engagement of the AHP and Specialist Nurses subgroup of the Pathway Board will ensure that this is consistently evaluated and supported by the wider health community.