

Breast Cancer Pathway Board – Minutes of Meeting

Thursday 1st May, 2.30 pm – 4.30 pm
Boardroom, Royal Bolton Hospital

Attendance	Representation
Jane Ooi	Chair
Mohammed Absar	Trust Representative (Pennine)
Vanessa Pope	Trust Representative (Mid Cheshire)
Chandeena Roshanlall	Trust Representative (East Cheshire)
Sumohan Chatterjee (deputy)	Trust Representative (Salford)
Amir Sharif	Trust Representative (Stockport)
Mark Pearson	Histopathology Representative
Miles Howe	Histopathology Representative
Anne Armstrong	Oncology Representative
Michael Crotch-Harvey	Radiology Representative
Clare Yates (deputy)	Allied Health Professional
David Makin	Patient Representative
Tara Breslin	Primary Care Representative
Melissa Wright	Pathway Manager
Apologies	
Amar Deshpande	Trust Representative (WWL)
Brian Magee	Oncology Representative
Gillian Hutchison	Radiology Representative
Helen Sewell	Allied Health Professional
Karen Livingstone	Allied Health Professional
Nigel Bundred	Research and Trust Representative (UHSM)
Anthony Maxwell	Screening and PHE Representative
Coral Higgins	Commissioning Representative
Tarek Baht	Primary Care Representative
Amanda Myerscough	Primary Care Representative

Agenda Item	Action
<p>1. Welcome and Introductions</p> <p>JO welcomed everyone to the meeting and members were invited to introduce themselves. Apologies were noted</p>	
<p>2. Manchester Cancer – Aims and Rationale</p> <p>MW gave a short presentation on the background to Manchester Cancer and its ambition to reduce the excess premature deaths from cancer in Greater Manchester and to support the growing number of patients that will be living with and beyond cancer.</p> <p>The focus of Pathway Boards will be on all areas of the patient pathway, not just those that take place within the hospital setting. This will be supported through the collection and analysis of data, which will allow the identification of opportunities to change and improve current pathway models. This work will be documented in an annual work plan, which will form part of a three-year plan. MW also provided information on the Manchester Provider Board, made up of the 10 CEO's of the acute Trusts in Manchester along with representatives from the Strategic Clinical Network, patients and local commissioners.</p>	
<p>3 Terms of Reference</p> <p>JO explained that each Pathway Board would sign up to the Manchester Cancer Terms of Reference (ToR). These can be amended to reflect specific pathway areas. Particular areas of the ToR were discussed within the meeting:</p> <p>In section 3.0 – Purpose of the Pathway Board, JO identified National Cancer Patient Experience Survey as a tool for understanding how patients feel and the importance of ensuring Manchester Trusts were scored in the top 10% of the country. JO also felt it would be important for the Pathway Board worked closely with commissioners in the development of a universal breast cancer service specification and identified that this work is currently been led by CH on behalf of the City of Manchester CCG's, and could be a template for all breast cancer commissioning in Greater Manchester. JO explained that within Greater Manchester Trafford CCG had been appointed as the lead commissioner for Cancer to support the commissioning of non-specialist tumour groups.</p> <p>In section 4.0. – Role of the Pathway Board, JO highlighted the importance of designing and implementing new services where it is identified that they will progress the objectives of commissioners and Manchester Cancer. JO identified that these services should be grounded in the evidence base and focused on quality.</p> <p>DM asked whether the Board would seek to recruit additional patient members. JO agreed and there was a discussion regarding the Macmillan led patient engagement workshop that would be held on 23rd June. JO thought it would be useful to put posters up advertising the event within patient waiting rooms to attract a wider number of patients. JO asked about the scorecards referenced in 4.11. It was identified that this related to RAG rated dashboards that would monitor the progress of Boards in achieving their targets.</p> <p>In section 5.0. – Membership Principles, JO highlighted that the membership of the breast cancer</p>	

project to target non-attenders to colonoscopy screening. GP's will be incentivised to engage and a targeted pathway between the screening programme, the screening hub site and GP's would be developed to support this.

MCH indicated that there are 2nd appointment invitations to women who don't attend their 1st screening appointment, but this only engaged a small number of women. JO highlighted that in Central Manchester screening coverage data for the area is sent back to each GP practice. It was agreed that information regarding these types of interventions should be forwarded to the prevention and early diagnosis Pathway Board, which is Chaired by Ram Sundar. JO stated that he had asked if a member of this Board could attend his meetings to update on matters pertaining to early diagnosis, screening and prevention, to share common themes and good practice across the tumour sites. VP emphasised that not all patients are suitable screening candidates and this would need to be taken into account when trying to improve screening rates. JO thought that GP's would identify patients who would not be appropriate to pursue for screening.

Members of the meeting were asked to provide other work programme and educational event ideas:

- MP – Update on COSD and availability of outcomes data, Independent evaluation of oncotype DX testing, reviewing proportionate and customised treatments for breast and axilla and training surgeons to undertake vacuum assisted removal of lesions
- CY - Development of the stratification of follow-up using learning from the MCIP Project
- MA - Targeting GP's in practices/wards that contain hard to reach patients and using Innovative ideas to target these GP's to ensure they receive information/education
- CR - Outcome data by surgical procedure and recurrences
- SC- Implementation of Intraoperative sentinel node biopsy by one-step nucleic acid amplification
- MCH – Data from Breast Cancer Registry for 1 and 5 year survival rates
- AS - Axillary surgery and potential lifelong effects (may be undertaken via the POSNOC trial)
- VP - Extending local guidelines where national guidance is out of date and ensuring oncology guidelines are adopted by the Pathway Board to support all Trusts specifically those working outside the GM area
- DM - Reviewing service provision for lymphedema
- TB - How to actively target screening non –attenders, use targeted meetings where GP's are currently incentivised to attend. At these meetings GP's are required to feedback to the rest of their practice. Review the approaches of primary and secondary care across the pathway to identify inconsistencies and develop stronger relationships
- AA - Improving the patient pathway for patients going to and from tertiary care, Metastatic

<p>disease</p> <ul style="list-style-type: none"> • JO - Review GP referral patterns to identify outliers and focus communication to understand issues in those practises. Education meeting presentations on the use of bisphosphonates and new treatments for metastatic disease in particular local recurrence <p>JO thanked everyone for their ideas and explained that the format of future meetings would consist of a Board meeting session, and a session working in groups on selected work programme areas. Prior to the meeting, email correspondence would take place for each group regarding their work programme to accelerate any actions required.</p> <p>ACTION:</p> <p>Ideas for the work programme will be collated and sent to members The top 3 ideas will agreed and working groups assigned MW and JO to be copied into working group email correspondence</p>	<p>MW JO All</p>
<p>5 Peer Review</p> <p>JO explained that although network peer review was still under the remit of the SCN, it was anticipated that the Pathway Board would take responsibility for this. This would include an annual report and the constitution which will be based on the ToR.</p>	
<p>6 Provision of Breast Services for Greater Manchester</p> <p>JO provided some background to this agenda item which began with an investigation into the inaccuracies in the reporting of symptomatic breast radiology by a single radiologist working at Trafford. This was followed by a review of all breast cancer MDT's, which recognised that although they were safe, they were not future proof.</p> <p>On Monday JO attended a meeting to look at this issue with representatives from Public Health England, the SCN, Manchester Cancer, and NHS England. Unfortunately, there was no local commissioning representation at the meeting and it was agreed that commissioning representatives would need to be advised on the current situation to agree and drive forward the recommendations. The proposed model is to integrate all symptomatic units with screening units. It is still hoped a screening assessment centre would be developed in this area. JO recognised that this model would be challenging due to the limited radiology resource.</p> <p>To support the understanding of this, a radiology workforce questionnaire was disseminated by MW and to date only 4 responses were received and JO will contact individuals for clarification. In regards to this issue JO would like the Board to agree that their priority is patient safety and quality of care and this should be driven through a service specification that can be achieved by all services. JO agreed that the service specification developed by CH should be shared and indicated that it reflected NICE guidance that all services should be working to a level of a screening unit.</p> <p>CR asked if it was a national specification and JO explained that breast cancer was one of three tumour groups commissioned locally. SC asked if resolving this should be part of the remit of the Pathway Board and JO felt that it should. MA felt that it was wrong to suggest that all symptomatic units were not able to provide a service to the level of a screening unit. JO reflected that many symptomatic units did not have the techniques to diagnose certain patients and these were being</p>	

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referred to screening units. AS thought that these patients could be supported through an alignment model. JO confirmed that the national guidance was very clear regarding service models, and that was the service that Greater Manchester would have to move to.	
7. A.O.B. MA asked whether there would be a Network led education event. JO explained that there is no funding for this but this would be something the Board would incorporate as part of their education event responsibilities.	
8. Date of next meeting Wednesday 2 nd July 2 pm – 5 pm, Salford Royal Foundation Trust (room to be confirmed).	