

Breast Cancer Pathway Board – Minutes of meeting

Thursday 7th May 2015, 2pm – 5 pm

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

Attendance	Representation
Mohammed Absar	Interim Chair
Chandeena Roshanlall	Trust Representative (East Cheshire)
Vanessa Pope	Trust Representative (Mid Cheshire)
Clare Garnsey	Trust Representative (Bolton)
Zahida Saad	Trust Representative (Salford)
Brian Magee	Clinical Oncology Representative
Claire Gaskell	Breast Cancer Nurse, (Christie)
Michael Crotch-Harvey	Radiology Representative
Gillian Hutchison	Radiology Representative
Emma Reid	Trust Representative (Stockport)
Amanda Snippee	Cancer Nurse Specialist (deputy)
Melissa Wright	Pathway Manager
Apologies	
Simon Ellenbogen	Trust Representative (Tameside)
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
David Makin	Patient Representative
Amar Deshpande	Trust Representative (WWL)
Nigel Bundred	Trust Representative (UHSM)/Research Lead
Coral Higgins	Commissioning Representative
Anne Armstrong	Medical Oncology Representative

Agenda Item	Action
<p>1. Welcome MA welcomed everyone to the meeting. Apologies were noted.</p>	
<p>2. Feedback from the working groups</p> <p>Review of last year's annual plan</p> <p>VP highlighted that in regards to the objectives set out last year, in relation to data, one year survival data had been accessed at a CCG level. The group thought it would be useful to try and get this data at MDT level through MDT data systems which would also include surgical outcome data to assess local recurrence. There were some concerns regarding the data in Sommerset and how standardised this was, which would be looked into. In relation to the education and engagement objective, a programme of slides has been developed and is ready to be presented however further work is required on the organisation of venues. It was acknowledged that GP's are very receptive to online training and opportunities around this should be explored. In regards to the development of clinical guidelines, VP explained that the Christie guidelines could be adopted across the region in regards to oncology and used with the draft chapters developed by the Board. Survivorship is an outstanding guideline which will be developed through the AHP group. MW will be doing an audit of the old network guidelines to identify if there are any gaps in guideline provision. In relation to the final objective around survivorship, VP indicated that there had been a report to the Board on the current service provided at Trust level and through the development of the educational event and the Innovation Fund project, there will be some key activities taking place in regards to living with and beyond cancer this year.</p> <p>Development of 2015-16 Annual Plan</p> <p>MCH fed back on potential ideas for the Annual Plan. The first one focused on ensuring consistent data availability in order to identify trends and where there may be concerns regarding survival. There was also an objective to explore different clinic models in order to separate low risk women to better use resources. The focus would be on Trusts to identify how clinics could be re-organised, however It was recognised that the Choose and Book process may conflict with this. It was recognised that some Trusts are delivering similar types of services that were received favourably by patients. GH noted that this type of provision had a negative impact on one-stop clinics. The next objective was to improve access to services for women in regards to living with and beyond cancer. There was an objective regarding a GP education event and to identify alternative ways for delivering this information. This would include encouraging the cancer champion model. It was suggested that GP's could be offered learning sessions within a breast clinic to further understand about breast disease. GH thought it would also be beneficial to try to develop a secondary care clinician focused event. The final objective looked to increase and encourage the attendance of research nurses at MDT meetings.</p> <p>ACTION: CG to identify the regional contact for Sommerset MW to review legacy guidelines against revised guidelines Annual Plan objectives to be agreed and signed off by the Board</p>	<p>CG MW ALL</p>
<p>3. Minutes of last meeting and matters arising</p>	

<p>These were noted and agreed</p>	
<p>4. Objective 1 Improving outcomes with a focus on survival</p> <ul style="list-style-type: none"> • Service standardisation <p>MA raised this issue as he was aware that due to Trusts needing to meet the increasing patient demands, this had resulted in levels of variation across units. He wanted to explore the situation within different Trusts and how improvements could be made to the patients' journey so that all types of patients receive the same standard of care. CR felt that the Choose and Book system may impact on channelling certain patients into specific clinics. MA identified that his Trust was able to categorise referrals by age. VP noted that this would mean changing patient appointment dates which may be disruptive. ZS felt that clinicians should have more control regarding setting appointments and explained that Salford Royal used to have a triage system to allocate clinic sessions which worked well. CH reflected that as most breast services are meeting their waiting time targets despite the growing number of referrals, GP education in relation to where a patient was referred might be more beneficial in reducing the capacity. MA reminded the Board that a Be Clear on Cancer breast campaign for the over 70's would be running during July and August.</p> <ul style="list-style-type: none"> • Breast scorecard data <p>MW presented this data for information CG didn't feel the data regarding surgery looked correct. MA noted that Trusts will need to be proactive regarding entering COSD related datasets either within Somerset or other databases used. ER explained that she had a meeting with her Trusts data manager to understand how the data was being entered. MW thought that this would be useful to feedback to the Board.</p> <p>ACTION: A questionnaire regarding current breast service model to be developed</p>	<p>MA/MW</p>
<p>5. Objective 2 Improving Patient Experience</p> <ul style="list-style-type: none"> • MCIP update <p>KL 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> <ul style="list-style-type: none"> • AHP Forum Update <p>CG explained that the last Forum was in March where it had been agreed that issues raised at Pathway Board would be identified clearly within the minutes. CG discussed the delivery of holistic needs assessments (HNA) and there were concerns regarding SCN's at the Christie being able to support all the areas identified as a need on the HNA. CG discussed the scoping exercise undertaken at the Christie and there have been some proposed outcomes including changing the specialist nursing service provided at the Christie to focus on metastatic and local recurrence patients. CG also discussed the stratification model for metastatic breast patients in active treatment and asked whether the Board would support this. VP highlighted that many of the patients at Mid Cheshire would have all their treatment at their centre and therefore the keyworker would continue to be a CNS at this unit. Finally CG reported that the Innovation Fund bid put in by the breast cancer Board</p>	

<p>was successful and the first health and well-being event for metastatic patients will be held on 2nd July.</p> <p>ACTION: CG to amend the document to reflect the comments within the meeting</p>	
<p>6. Objective 3 Research and clinical Innovation</p> <ul style="list-style-type: none"> • Clinical Trials Update <p>MW explained that the next report would be available in July and would be discussed at the next meeting.</p>	
<p>7. Objective 4 Improving and standardising high quality</p> <ul style="list-style-type: none"> • Radiology workforce questionnaire <p>MW explained that most Trusts had responded to the survey and the results were presented. The Board reflected that it would be important to communicate the outcomes to the training Programme Director. GH explained she had requested that trainee radiologists were exposed to working within a breast unit in order to attract them into the workforce. This had been implemented but had included trainees being allocated to centres where they would not receive any breast service exposure. It was felt the challenge of attracting breast radiologists were related to the demands of the role. ER explained that she was on the Executive Committee of the training programme so would raise these concerns there. It was also noted that there was also a lack of mammographers across the region. GH noted that radiologists do not have to be screening only radiologists and felt that this may have been the perception which may have had an impact on recruitment to non-screening units.</p> <p>ACTION: MA to write to the Royal College after feedback from ER ER to raise the issue at the Executive Committee</p> <ul style="list-style-type: none"> • Peer Review <p>MW explained that Manchester Cancer have produced a briefing to support Trusts with network and MDT level Peer Review.</p> <ul style="list-style-type: none"> • Breast Services review <p>ZS commented that she had been made aware that the breast services reconfiguration had indicated that every MDT meeting would require two members of the core team and was concerned as to whether this could be supported. MW explained that this configuration would reflect the working relationships between levels 1 and level 2 units who would discuss all patients. MW also explained that UHSM had been nominated by Manchester Cancer Provider Board to lead on the service configuration. GH raised some concerns in relation to the alignment of units and the impact this may have on the quality of the service.</p>	<p>MA ER</p>
<p>8. A.O.B.</p> <p>MW reminded Trust representatives regarding the survey that was sent out regarding paediatrics in Breast clinics and asked if this could be completed and sent to others within their Trust.</p>	
<p>Date of next meeting – Wednesday 1st July 2 pm – 5 pm Trust Admin room 4&5 the Christie</p>	