

Breast Cancer Pathway Board – Minutes of meeting

Monday 9th March 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)
Mark Pearson	Histopathology Representative
Clare Garnsey	Trust Representative (Bolton)
Amar Deshpande	Trust Representative (WWL)
Nigel Bundred	Trust Representative (UHSM)/Research Lead
Claire Gaskell	Breast Cancer Nurse, (Christie)
Michael Crotch-Harvey	Radiology Representative
David Makin	Patient Representative
Gillian Hutchison	Radiology Representative
Emma Reid	Trust Representative (Stockport)
Coral Higgins	Commissioning Representative
Anne Armstrong	Medical Oncology Representative
Melissa Wright	Pathway Manager
Apologies	
Simon Ellenbogen	Trust Representative (Tameside)
Amanda Myerscough	Primary Care Representative
Zahida Saad	Trust Representative (Salford)
Brian Magee	Clinical Oncology Representative
Miles Howe	Histopathology Representative
Clare Brearley	Allied Health Professional
Karen Livingstone	Allied Health Professional
Tara Breslin	Primary Care Representative
Tarek Bakht	Primary Care Representative

Agenda Item	Action
<p>1. Feedback from the working groups</p> <p>Education/Engagement</p> <p>CH explained that the latest set of power point slides have been reviewed and amendments have been made however there has been no further information regarding the Forerunner funding bid application made last year. MA explained that he had received information regarding a meeting to set up cancer information day for Manchester City GP's across all tumour groups, being organised by the SCN. It was felt that it was difficult to get GP's to attend breast cancer specific events.</p> <p>Data</p> <p>MP identified that Manchester Cancer can now produce a breast scorecard which can provide COSD data. It was identified that some issues regarding performance highlighted within the scorecard across the region may be linked to data capture. The data within the scorecard can be provided at Trust level. In regards to cancer wait data, MP indicated that all Trusts are performing well and this data will continue to be received. In regards to cancer trial participation across the region, NB explained that the performance was an indicator of the lack of trials currently available for breast cancer.</p> <p>Guidelines</p> <p>The radiology guidelines have now been agreed. The radiotherapy and chemotherapy guidelines have also been provided by BM. There are some minor amendments required to the imaging guidelines which will be made by MCH. The survivorship guidelines will be developed by VP and CB. CG thought it would be useful to focus on metastatic stratification in regards to nursing support to clarify to patients who their keyworker was. CG thought that it would be useful to look at the Royal Marsden example to support the development and standardisation of survivorship initiatives locally.</p> <p>ACTION: Breast scorecard data to be provided on agreed indicators at Trust level</p>	
<p>2. Minutes of last meeting and matters arising</p> <p>MA welcomed CG, the new Bolton representative, to the meeting.</p> <p>(a) NICE Quality Standard questionnaire</p> <p>MW explained that the questionnaire had only been received by a couple of Trusts.</p> <p>(b) BCN workforce capacity questionnaire</p> <p>It was explained that there was some concerns regarding the capacity across the region. CG has indicated that there is a questionnaire developed by the Christie to look at adjuvant and metastatic disease pathways. The findings identified that there were not any duplications or gaps in service and this will make it difficult to provide adjuvant services as the priority are metastatic patients.</p>	

<p>(c) Consultation on systemic therapy</p> <p>NB indicated that there were issues regarding the Christie @ Wigan due to pharmacy issues and AD confirmed this. AA identified that trial regulations would prohibit chemotherapy regimens for a Christie trial being done at other Trusts and the ambition would be to open trials to a wider number of units to increase access.</p> <p>ACTION: Non-responsive Trusts to complete Quality Standard questionnaire CG to present findings from questionnaire to the next meeting</p>	
<p>3. Radiology update</p> <p>There were no clinical updates this meeting. MW explained that the radiology workforce questionnaire had been sent out to all Trusts to complete last week. She had already received some responses from a few Trusts but encouraged all to complete the questionnaire.</p> <p>ACTION: Non-responding Trusts to complete the radiology workforce questionnaire before the May meeting.</p>	
<p>4. Pathology update</p> <p>There were no updates this meeting.</p>	
<p>5. Data</p> <p>MW provided to the Board information on the current performance regarding cancer waits and indicated that the information within the breast scorecard will be provided at Trust level.</p>	
<p>6. MCIP update</p> <p>NB acknowledged that MCIP are behind in regards to project activity with work not due to be completed for another year. The launch of this activity will not take place until October. NB explained that the MCIP Board would be meeting tomorrow where an extension to the MCIP programme will be requested.</p>	
<p>7. Greater Manchester Clinical Research Recruitment Performance</p> <p>NB explained that there should be 7.5% of trials that are interventional but these do not need to be randomised. NB highlighted there are issues regarding recruitment for Salford, Stockport and Wigan however as a network the targets will be met. NB highlighted that MAMMO 50 had opened and to date there had been 125 patients recruited onto the trial. In regards to observational trials, there has been a drop to 26% in recruitment as there are limited trials opened. AA indicated that she has a fertility study open with several hundred patients admitted onto this. MA thought it would be useful for information on trials to be forwarded to research nurses. NB confirmed that research performance data for Mid Cheshire Trust would be located in the Liverpool clinical research network data. NB reflected that due to reductions in staffing, it was more challenging to communicate to Trusts regarding trials that are available within the region.</p>	
<p>8. AHP Forum update</p> <p>CG explained that the group had drafted a terms of reference and wanted to confirm the accountability and reporting arrangements required by the Board. It was agreed that a verbal update would be provided by a representative of the AHP forum with a copy of the minutes going to the</p>	

<p>Chair and MW. The minutes would also be circulated on the Manchester Cancer website.</p> <p>CGas also discussed the Innovation Fund application made by CGas on behalf of the Board that has passed the first round process. MW identified that successful candidates would be contacted later this week. The bid focused on metastatic patients and how this group would be stratified. There would be a programme of activities for patients and their carers to access. If successful, this pilot would be supported by the secondary focus group based at the Christie.</p>	
<p>9. Patient/User Communication</p> <p>DM indicated that he felt the patient communication within the areas of treatment is not always good. DM also felt that the Living with and Beyond Cancer agenda does not seem to be developing as fast as it could and does not feel optimistic regarding its progress. NB indicated that Manchester Devolution will make a huge difference in the progress of work as there will be a central decision making process within the conurbation.</p>	
<p>10. NICE Surveillance reviews</p> <p>MA explained that NICE had announced that there will be surveillance reviews on familial breast cancer, early and locally advanced breast cancer and advanced breast cancer. The core team at Manchester Cancer would be happy to register as a stakeholder on behalf of the Board to collate all comments in regards to these surveillance reviews.</p> <p>ACTION: Manchester Cancer to register as a stakeholder for the NICE surveillance reviews Any comments regarding how best to update the current guidelines to be sent to MW</p>	
<p>11. Breast services review</p> <p>MW read out an update on the position prepared by Adrian Hackney for the Manchester Cancer Provider Board. It explained that the summary breast specification has been discussed with the Lead Commissioner for GM Breast Screening Services. The outcome was that this was agreed in principle, with a number of actions required prior to formal sign up comprising:</p> <ul style="list-style-type: none"> Discussion with the PHE NHS Breast Screening Programme Quality Assurance Team to confirm that the specification addresses the correct standards from the NHSBSP perspective Share the specification with national programme leads and screening commissioners for Cheshire and Lancashire populations. Developing a detailed understanding of any potential changes in patient flows arising out of implementation scenarios. Establishing governance arrangements to ensure that KPIs for both screening and symptomatic services are delivered and not one at a cost to the others. <p>The GM Cancer Commissioning Board has reviewed the summary specification along with the screening service position. The commissioning board approved the progress of the summary specification to local CCGs via Cancer Commissioning Managers and GM Heads of Commissioning meetings. Resolution to the screening service issues is required to allow the summary specification to be considered for formal adoption by the Association Governance Group (AGG) of Greater Manchester CCG's.</p>	

Manchester Cancer

<p>MP feels that the continued sub specialisation of surgical services as part of the Healthier Together programme is pushing this agenda forward. NB felt that the direction for the service was greater pre-operative diagnostic interventions which could not be delivered at every unit across the region.</p>	
<p>12. A.O.B.</p> <ul style="list-style-type: none">• MW wanted to express her thanks to JO in her role as Pathway Director and wish her well for the future. She also highlighted that the advert and application for the role of breast cancer Pathway Director had been sent out and would be grateful if Board members could forward it on to anyone they feel would be interested in the role.• MW explained that the Pathway Board briefing on the roles and responsibilities of Pathway Board members had been developed and encouraged all to read this.• MP explained that Oncotype DX is available and funded nationally. AA indicated that each Trust should have the agreement and this should be organised within individual Trust.	
<p>Date of next meeting – Thursday 7th May 2015, 2 pm – 5 pm, Boardroom 1, New Alderley House, East Cheshire NHS Foundation Trust</p>	