

Breast Cancer Pathway Board – Minutes of meeting

Wednesday 14th January 2015, 2pm – 5 pm
Lecture Theatre, The Nightingale Centre, UHSM

Attendance	Representation
Jane Ooi	Chair
Chandeena Roshanlall	Trust Representative (East Cheshire)
Vanessa Pope	Trust Representative (Mid Cheshire)
Mohammed Absar	Trust Representative (Pennine)
Mark Pearson	Histopathology Representative
Brian Magee	Clinical Oncology Representative
Miles Howe	Histopathology Representative
Zahida Saad	Trust Representative (Salford)
Amar Deshpande	Trust Representative (WWL)
Simon Ellenbogen	Trust Representative (Tameside)
Nigel Bundred	Trust Representative (UHSM)/Research Lead
Amanda Myerscough	Primary Care Representative
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	
Clare Brearley	Allied Health Professional
Karen Livingstone	Allied Health Professional
Tara Breslin	Primary Care Representative
Tarek Bakht	Primary Care Representative

Outstanding guidelines to be disseminated for review	Guidelines Group
<p>2. Minutes of last meeting and matters arising</p> <p>JO welcomed ER, the new Trust representative for Stockport, to the meeting.</p> <p>Item 3 Radiology workforce questionnaire – a revised questionnaire has been developed which will be disseminated to all Trust representatives.</p> <p>Item 5 Consultation on strategy for systematic therapy – JO has asked for a more detailed response from Andrew Wardley and this item to be brought back to March meeting.</p> <p>Item 9 Service configuration – MW to send out Terms of Reference for Cancer Commissioning Board</p> <p>ACTION: MW to send questions to GH and ER for review Workforce questionnaire to be re-circulated MW to send minutes to AW and request an opinion that could be shared with the board</p>	MW
<p>3. Radiology update</p> <p>MCH explained that the Royal College of Radiologists has published a response to the new Cancer Taskforce – which is a 5 year action plan for cancer services developed by NHS England. The response highlighted the workforce pressures within radiology which would need to be reflected in any new service developments.</p>	
<p>4. Pathology update</p> <p>MP highlighted the publication of the National Pathology Audit report. The audit contains data on screening units only. The performance across the North West was very good and there were no issues pertaining to Greater Manchester.</p>	
<p>5. Data</p> <ul style="list-style-type: none"> • National Cancer Patient Experience Survey 2014 <p>The update on performance has been circulated and will be tabled at the next AHP Forum. MW explained that the questions highlighted in yellow had been picked by the Greater Manchester PUP group and would be used by the Provider Board to measure performance across all cancers.</p> <ul style="list-style-type: none"> • Breast Scorecard <p>MW explained that the scorecard of indicators had been prepared by Manchester Cancer and each Pathway Board will be encouraged to pick indicators that they would like to use to monitor performance.</p> <p>ACTION: NCPES survey to be sent to AHP representative Board to provide a list of indicators to be used in the breast scorecard</p>	MW ALL
<p>6. Greater Manchester Clinical Research Recruitment</p> <p>NB explained that Greater Manchester is the best performing network in relation to breast trials and drops in performance are linked to the number of trials available. NB confirmed that the network to be on target for the year.</p>	

ACTION: Trust representatives to identify any issues in regards to trial recruitment	TRUST REPS
<p>7. MCIP update</p> <p>NB explained that working groups had been developed to support the different themes including early diagnosis, advanced disease.</p>	
<p>8. Breast Services Peer Review</p> <p>JO explained that a breakdown of individual Trust performance had been circulated. JO reflected that there was on-going uncertainty regarding the future of Peer Review. MW explained that the future of Peer Review was caught up with the wider review of specific NHS England responsibilities including the Strategic Clinical Networks.</p>	
<p>9. Patient/User Communication</p> <p>DM expressed on-going concern regarding Living with and Beyond Cancer and Early Detection and prevention streams within Manchester. NB identified that MCIP are focusing on reviewing equity of access for support services across the City of Manchester.</p>	
<p>10. Early Detection and Screening Summit feedback</p> <p>AM explained that screening is a significant agenda for MCIP and there are three facilitators supporting the increased awareness and uptake as part of the GP's Locally Commissioned Service. JO asked whether there was any work to review the impact on breast services to an increase in screening patients. GH explained that Bolton had recruited a Health Promotions Mammographer to review initiatives that would increase uptake.</p>	
<p>11. Living with and beyond cancer Evaluation Event feedback</p> <p>MA identified that he felt that this was an interesting event which was attended by many of the CNS's. A bid to develop specialist health and well-being events for metastatic patients has been developed by Claire Gaskill to the Living with and Beyond Innovation Fund and the panel to evaluate the bids will be meeting next week.</p>	
<p>12. Breast services review</p> <p>JO explained that the revised breast service specification had been circulated and would now be discussed at the Cancer Commissioning Board and the Associated Governors Group. MW explained that AH had already presented the specification to the Provider Board along with a proposed time line of how the service review will move forward. JO explained that meetings had been set up to evaluate how Trusts will work together in the new configuration.</p>	
<p>13. A.O.B.</p> <ul style="list-style-type: none"> • NICE Quality Standards questionnaire - MW highlighted that Bolton, Pennine and Stockport have responded. More information is required in regards to the Stockport response. • VP explained that allowing staff grades to operate unsupervised was highlighted within the external validation of their Peer Review. JO felt that this should be competency based decision with the staff grade working under a named consultant or independently as agreed with the trust lead surgeon and clinical team. • MA explained that BCN are working towards developing a breast specific Health Needs Assessment and would like the Pathway Boards support in doing this. MA also identified that there is a shortage of breast care nurses at the Christie and AA explained that the numbers haven't increased in 15 years. JO explained that work is currently taking place to assess gaps 	

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<p>in provision and understand ways of working. MA suggested undertaking a scoping exercise to identify the capacity within BCN.</p> <ul style="list-style-type: none"> • NB highlighted that Trusts will need to monitor that they are sending out end of treatment plans for patients who have completed surgical treatment. MW explained that the overview of current practice had been sent out with the agenda. • JO explained that in her Pathway Director appraisal she had formally resigned from this role and her last meeting would be in March. There will be a formal application process for the role and any interested parties should contact Dave Shackley at Manchester Cancer. • JO thanked the respondents who provided information to Manchester Cancer regarding the performance of the breast pathway board. <p>ACTION: MW to resend NICE Quality Standard questionnaire with minutes MA to work with BCN/AHP forum to develop a capacity questionnaire</p>	<p>MW MA</p>
<p>Date of next meeting - Monday 9th March 2 pm – 5 pm, Boardroom 1, New Alderley House, East Cheshire NHS Foundation Trust</p>	