

## Breast Cancer Pathway Board – Minutes of meeting

Thursday 6<sup>th</sup> November 2014 2pm – 5 pm  
 Room 219, Trust Headquarters, North Manchester General, Pennine Acute NHS Trust

<b>Attendance</b>	<b>Representation</b>
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
Clare Brearley	Allied Health Professional
Karen Livingstone	Allied Health Professional
Amar Deshpande	Trust Representative (WWL)
Amanda Myerscough	Primary Care Representative
David Makin	Patient Representative
Gillian Hutchison	Radiology Representative
Adrian Hackney	Associate Director of Transformation NHS Trafford
Coral Higgins	Commissioning Representative
Melissa Wright	Pathway Manager
<b>Apologies</b>	
Zahida Saad	Trust Representative (Salford)
Amir Sharif	Trust Representative (Stockport)
Mark Pearson	Histopathology Representative
Miles Howe	Histopathology Representative
Michael Crotch-Harvey	Radiology Representative
Anne Armstrong	Medical Oncology Representative
Nigel Bundred	Trust Representative (UHSM)/Research Lead
Simon Ellenbogen	Trust Representative (Tameside)
Tara Breslin	Primary Care Representative

Agenda Item	Action
<p>1. Minutes and matters arising</p> <p>Item 2 - JO announced that there had been 2 appointments to the Board. MA will become the Vice Chair and will represent the Board at the Living with and Beyond Cancer event on 25<sup>th</sup> November. CB identified that two CNS' from Pennine will also be attending the event. In addition, AM has volunteered to become the early diagnosis representative and will be attending the Awareness and Early Diagnosis Summit on 11<sup>th</sup> November.</p> <p>Item 3 – MW explained that the responses to the survivorship survey had been forwarded to the Living with and Beyond Pathway Manager. CH explained that all responses she had received had been forwarded to JO and MW. JO identified that she will be attending an MCIP diagnostic meeting on 17<sup>th</sup> November.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>To contact CNS from Trusts who have not responded to survivorship survey</b></li> <li>• <b>Report of findings of survey to be presented to the Board</b></li> </ul>	<p></p> <p><b>MW</b> <b>MW</b></p>
<p>2. Radiology Screening meeting feedback</p> <p>JO highlighted that she attended a Regional Screening governance meeting set up by PHE for all local screening units to look at performance targets. JO highlighted that the main messages from the meeting were that there are workforce capacity issues within the region which is being impacted further by the increasing complexity of diagnostics. These service issues sit within the context of a reduced uptake for screening which is approximately 74% across the region but can be as low as 60% in some areas. JO also identified that although there was a problem with getting women assessed in a timely fashion, the outcomes of women diagnosed and treated for breast cancer the North West sector are good.</p> <p>AM highlighted that 90% of GP's within the MCIP region have signed up for the locally commissioned service and improving screening uptake is part of this initiative, although there is a stronger focus on bowel screening. GH noted that the decrease in screening uptake was a national problem and indicated that negative publicity following the change in the screening leaflet and the reduction in emphasis to attend if invited. JO explained that her local CCG's have begun to run figures on screening performance at GP practice level to target screening uptake in those practices.</p> <p><b>ACTION: Radiology to be a standing agenda item</b></p>	<p></p>
<p>3. Radiology workforce questionnaire report</p> <p>JO was keen to get an idea of capacity across Greater Manchester and a questionnaire was sent out to all Trusts. The results have been compiled but it is unclear whether this represents an accurate picture. These will be sent out with the minutes and each Trust would be required to confirm whether the data was correct at May. A further questionnaire will be sent out to review the current capacity issues.</p> <p><b>ACTION: MW to disseminate workforce capacity report with minutes</b> <b>MW and JO to review questionnaire and reissue for update of current workforce data</b></p>	<p><b>MW</b> <b>MW/JO</b></p>

<p>4. Greater Manchester Clinical Research Recruitment Performance</p> <p>As NB was not in attendance, it was decided that the recruitment performance would be reviewed at the next meeting.</p>	
<p>5. Consultation on strategy for systemic therapy</p> <p>An email from Prof. Jayson, Pathway Director for Systemic Therapy had been sent to all members of the Board. He wanted to get a steer from the Pathway Board in regards to the opportunities to deliver more chemotherapy treatment outside of the Christie. BM identified that Andrew Wardley had been tasked with developing the delivery of chemotherapy outside of the Christie and at present it was around 70% of appropriate therapies, taking place within fixed and mobile units on other Trusts.</p> <p>JO thought it would be useful for Trusts to speak to their Oncologists to determine what regimens the Boards consider suitable for delivery outside of the Christie.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>JO to write to AW to determine if there are any capacity issues in regards to specific regimens and Trusts</b></li> <li>• <b>Trusts leads to consult with their Oncologists to determine any capacity issues</b></li> </ul>	<p>JO</p> <p>Trust Leads</p>
<p>6. AHP Forum update</p> <p>KL highlighted that the next meeting will be on Tuesday and there had not been a meeting since the last Pathway Board. The members of the Forum have split into work streams and will be looking at education and follow-up. GH identified that at the last meeting a comment was made regarding involving advanced practitioners within radiology onto the Forum. JO identified that additional practitioners would be welcomed but the current work streams may not be appropriate.</p>	
<p>7. Macmillan Cancer Improvement Partnership (MCIP)</p> <p>CH indicated that along with the diagnostic meeting on the 17<sup>th</sup> November, there is a workshop on the 1<sup>st</sup> December which will look at 4 key areas which will include; supportive services; new models of aftercare; metastatic pathways and reaching vulnerable groups.</p>	
<p>8. Patient representative update</p> <p>Although it was not on the agenda JO asked DM if there were any issues he would like to raise within the meeting. DM was concerned with the Living with and Beyond Cancer agenda and the continuity of services across secondary and community care services. DM referenced the one to one project and had some concerns regarding the rolling out of this programme. CB highlighted that the uptake of this project in Oldham by patients had been poor and was not considered financially viable. CB recognised that more work needs to be done in developing methodologies to try and engage patients to take up projects such as these. AM identified that it was important to have a robust interface between primary, secondary and tertiary care and as part of the MCIP initiative, work had been undertaken on the Cancer Care review and in developing communication skills to better support patients. AM also indicated that as part of the locally commissioned service initiatives there will be standardised models of care within primary care to develop different follow-up models.</p>	
<p>9. A.O.B.</p>	



<p>JO asked how the working groups were functioning. CB queried whether their oncologists should be reviewing the oncology guidelines. JO felt that it would be better for the guidelines to be circulated to all members of the working group and a time limit of three weeks are given to review. VP highlighted that the family history guidelines are quite problematic to complete due to the NICE guidance advising the prescription of Tamoxifen which is not routinely adhered to locally. JO explained that there are guidelines from St. Mary's regarding prescribing for at risk women and ABS are looking at this issue. Jo felt it was important to look at best evidence in regards to developing guidelines until national guidelines are available.</p> <p>Education/ engagement</p> <p>CH explained that she had contacted Ged Byrne from Health Education and had put in a bid for funding for project management, venue and training materials but there has been no response to date. CR has spoken with an Oncotype DX representative from Genomic Health in regards to funding an event. JO identified that the group would need to bear in mind some organisations such as PHE would not attend events sponsored by pharmaceutical companies so this will need to be investigated. CH and AM have also met with the Learning and Development lead for MCIP as he is developing the education package for the locally commissioned services. CR identified that it was agreed that there should be either one or two sessions and the content of the education should include survivorship, signs and symptoms of metastatic disease. There was some confusion regarding the delivery of the sessions and how they would be delivered. KL asked whether the AHP group could support the education event planning and JO felt that this would be crucial.</p> <p>Data</p> <p>MW explained that she had disseminated some cancer performance data to the data working group. JO thought it would be important to access some data regularly and act on trends. Which data we want to report on regularly needs deciding. The importance of data on survival outcomes was also discussed and recognised that MW and NB had met with Tony Moran from the Knowledge Intelligence Team regarding this and there would be a further meeting next week to identify what data would be routinely available.</p>	
<p><b>ACTION: MW to forward data collated to all Board members</b></p>	<p><b>MW</b></p>
<p><u>Seeing minors in new patient clinics</u></p> <p>JO explained that this issue had been raised by AS via email. AS had queried whether girls presenting with lumps should be seen in a breast clinic (new patient clinic ) or whether they should be seen in a paediatric clinic. JO has suggested that AS review the evidence and send out a survey to assess what is currently happening. AS had indicated that this issue may be handed over to one of his colleagues to lead on.</p> <p><b>ACTION: AS to identify who will be leading on this and identify relevant questions for the survey</b></p>	<p><b>AS</b></p>
<p>JO stated this correspondence with AS had made her think about the best make up of the Pathway board to deliver on the workstreams and MC objectives. She commended AS for suggesting he was succeeded by his new colleague as he was too busy. JO asked whether the group should open up its membership to a wider group to support the delivery of the Pathway outcomes. JO recognised that many members of the group were senior figures in their services and although many continued to</p>	

## Manchester Cancer

<p>make an active contribution others struggled to find the time to do so. Members were asked to think about succession planning and identify talented colleagues from within their organisations and give them the opportunity to get involved and progress areas in which they have specific interest or expertise.</p> <p>JO also encouraged experienced members to consider if in the future they would like to take on a leadership role as it is likely she will step down from the Directors role in the next 12 months</p> <p><b>ACTION: Representatives to discuss any ideas with JO</b></p> <p>VP indicated that her Trust will be interviewing for Consultants in the near future and she would be happy for the new recruit to lead on the work of the Pathway Board.</p>	
<p>10. Date of next meeting Wednesday 14<sup>th</sup> January 2015 2 pm – 5 pm, Lecture Theatre, Nightingale Centre, UHSM</p>	