

## Breast Cancer Pathway Board – Minutes of Meeting

Monday 8<sup>th</sup> September 2014 2pm – 5 pm  
 Room 2, East Wing, Musgrave House, Royal Bolton NHS Foundation Trust

<b>Attendance</b>	<b>Representation</b>
Jane Ooi	Chair
Chandeena Roshanlall	Trust Representative (East Cheshire)
Zahida Saad	Trust Representative (Salford)
Amir Sharif	Trust Representative (Stockport)
Mark Pearson	Histopathology Representative
Anne Armstrong	Medical Oncology Representative
Nigel Bundred	Trust Representative (UHSM)/Research Lead
Julie Orford	Allied Health Professional
Amar Deshpande	Trust Representative (WWL)
Amanda Myerscough	Primary Care Representative
Miles Howe	Histopathology Representative
Michael Crotch-Harvey	Radiology Representative
Gillian Hutchison	Radiology Representative
Coral Higgins	Commissioning Representative
Melissa Wright	Pathway Manager
<b>Apologies</b>	
Vanessa Pope	Trust Representative (Mid Cheshire)
Clare Brearley	Allied Health Professional
David Makin	Patient Representative
Mohammed Absar	Trust Representative (Pennine)
Brian Magee	Clinical Oncology Representative
Simon Ellenbogen	Trust Representative (Tameside)
Tara Breslin	Primary Care Representative

Agenda Item	Action
<p>1. Welcome and Introductions</p> <p>JO welcomed everyone to the meeting and apologies were noted</p>	
<p>2. Minutes of last meeting and matters arising</p> <p>Item 3 – Nominations are still required for certain representatives identified within the Terms of Reference. The Board requires a vice Chair, an Early Diagnosis Lead and a Living with and Beyond Cancer Lead.</p> <p>Item 4, Pathway Board Annual Plan and Annual Report – JO apologised that there wasn't time for Board members to see the final versions of these documents before they were submitted. The documents will be discussed in detail in a separate agenda item.</p> <p>Item 8, Oncotype DX – JO identified that a letter has gone out to NHS England but to date there had been no formal response to this. MP highlighted that the North West were one of a few regions that had NHS funding for this initiative. NB explained that the original pilot data was updated and included only patients that adhered to the NICE guidance and a decision regarding funding will be made by NHS England shortly. JO explained that this test evaluated the probability of recurrence which would factor in the decision-making for chemotherapy treatment.</p>	
<p>3. Pathway Board Annual Plan and Annual Report</p> <p>JO explained that the objectives of the breast cancer annual report were aligned to the overall objectives of the Manchester Cancer Provider Board. JO identified that the objectives for the breast pathway were a combination of work required by the Terms of Reference as well as areas that the Board had already agreed to work on. These included identifying and collecting data to support the Board, planning and developing an educational and engagement event and updating the clinical guidelines to support participation in research and patient experience. JO explained that each objective is broken down to identify the individual tasks and the time required for each task. NB asked how the Board would access surgical outcomes data. JO explained that this would have to be discussed and agreed by the data working group.</p> <p>JO asked for members to provide comment on the annual report if they had any. JO explained that there was some useful data for Trusts to report back to their own areas. JO thanked MW for her input into the report. MW explained that the executive summaries of all the annual reports and an overview of the plans had gone to the Provider Board a few weeks ago. MW explained that Pathway Directors will be invited to attend the Provider Board to provide an update on progress and identify any support they need from the Provider Board to undertake the plans.</p>	
<p>4. Greater Manchester Clinical Research Recruitment Performance</p> <p>NB indicated that performance for Greater Manchester was good and every Trust was recruiting patients onto clinical trials and targets had been reached. NB identified that due to the Christie not undertaking the Fast Forward trial, it would be unlikely that Greater Manchester would be first within the Research Networks for interventional trials. NB explained that the NCRN would like all Trusts to reach the 10% interventional trials targets and individual trusts will need to think about how they will do this. JO felt that the position would be better in the future as there were a range of new trials being set up.</p>	

<p>NB explained that the Cancer Research Networks had been changed into Clinical Research Networks to encompass other disease groups. This has reduced the number of research networks as each encompasses a wider geographical area. Cancer has been highlighted as Division 1 of the Clinical Research Networks. NB identified that there is a lead nurse and Programme Manager and Andrew Wardley is the theme lead for cancer for the network. Each Trust would be required to submit ethical permissions but this process is more streamlined.</p>	
<p>5. AHP Forum Update.</p> <p>JOr was welcomed to the meeting and updated the Board regarding the AHP Forum. JOr explained that this was a strong forum a few years ago and together they had developed joint projects and shared good practice. The group disbanded as nurses became busier however following the development of the Pathway Board and JO's wish to engage the AHP in this work, a group was re-established. JOr explained that there have been 2 meetings to date and a third meeting is being planned for October. The membership of the Forum had been opened up to a wider network of AHP's, with more than one representative from each Trust invited to attend and 10 minutes of the meeting was set aside for nurses to share ideas. There would also be specific agenda items including; staffing; educational needs; succession planning and recruitment and survivorship which some of the nurses had been involved as part of their role within the MCIP project. JO thought it would be useful for JOr to engage with the education working group to facilitate with the planning of any AHP event.</p>	
<p>6. Manchester Cancer Improvement Partnership (MCIP)</p> <p>CH explained that Macmillan have provided £3.5 million to improve patients' experience of care within the City of Manchester. Phase 1 looks at primary care, end of life care and palliative care for all tumours. Phase 2 will look specifically at breast and lung cancer pathways and workshops have taken place in respect of lung cancer. Workshops to address the lung pathway are currently being planned, however this has been postponed to support further scoping of the pathway and to ensure this data is brought to the workshop sessions. The workshops will focus on 4 areas of the pathway which will include:</p> <ul style="list-style-type: none"> <li>• Meeting the needs of different patient groups</li> <li>• Access to support services</li> <li>• Post treatment monitoring and aftercare</li> <li>• Developing a pathway for metastatic disease</li> </ul> <p>NB explained that MCIP commissioned Monitor to look at the profile of breast and lung populations. It identified that 35% of the population were non-white, nationally this figure was around 13%. It also identified survivorship outcomes for patients diagnosed at different stages and these were not significantly different to national outcomes. NB felt that there were clear ideas on how changes to follow-up may look within Manchester, which would focus on changing current models of care rather than an increase in staffing levels. NB highlighted that the project is also providing a lot of IT support to enable patients to access information. JOr identified that she will be meeting with CH tomorrow to support the mapping of current follow-up initiatives via the AHP group.</p>	
<p>7. A.O.B</p> <ul style="list-style-type: none"> <li>• Breast service specification update</li> </ul> <p>JO explained that MC and SCN were invited to the Association Governance Group to discuss breast services review and to discuss what would happen next. JO felt the meeting went well and the key messages were communicated. JO explained that Adrian Hackney has been appointed to Trafford</p>	

<p>CCG and will be developing the breast service specification. JO explained that CH had already developed a specification as part of her role within the MCIP project and this has been shared with Adrian and JO will be meeting with him shortly.</p> <p>NB explained that there was a Tameside external review, which identified significant issues related to screening and radiology. MP explained that Healthier together are undertaking a major consultation regarding surgical services.</p> <ul style="list-style-type: none"> <li>• Radiology workforce report</li> </ul> <p>JO explained that the results of this audit will be provided at the next meeting and the findings of this will inform the commissioning of services.</p> <ul style="list-style-type: none"> <li>• David Makin</li> </ul> <p>JO explained it had been communicated that David was not very well and that there was a card for members to sign.</p>	
<p>8. Feedback from working groups</p> <p><u>Data</u></p> <p>ZS explained that the group had decided to access the case fatality data and each unit would then use patient identifiers and staging data to assess whether deaths attributed to breast cancer were actual breast cancer fatalities. NB explained that this audit had been undertaken at UHSM and they had uncovered patients whose deaths had not been classified correctly. NB asked whether Pathology could identify local recurrences. MP wasn't sure how accessible this data was.</p> <p>MP also identified that the group would also like to access screening uptake and coverage data. GH explained that she receives this data from the LASCA screening office in Preston for the whole of Greater Manchester. JO felt that the Early Detection, Prevention and Screening Pathway should be supporting this agenda in collaboration with the Early Diagnosis lead of this Board.</p> <p><u>Education and Engagement event</u></p> <p>CH explained that it had been identified that GP's and practice nurses would most appreciate education regarding survivorship and late effects of treatment. The group will contact Learning and Development lead from MCIP as there was an education session being developed which would include survivorship. This could lead onto the development of a training package which could then be rolled out to CCG's outside the MCIP geographical area. JO thought it would be useful if there was a clear plan for the roll out with training dates identified. CH and AM will meet with the Learning and Development lead for Macmillan to identify how this project fits in with their education programme. They will also identified potential routes for funding.</p> <p><u>Clinical Guidelines</u></p> <p>AS explained that the work identified from the last meeting was underway. AD has undertaken some work on the DCIS and early breast cancer guidelines which will be circulated. It has been agreed that the data will be clearly referenced. JO asked whether they were in a position to provide draft contents for members to review. AD though this would be feasible.</p>	

## Manchester Cancer

<b>ACTION: Working group discussions to be disseminated to all members within their group</b>	
9. Date of next meeting  Thursday 6 <sup>th</sup> November, 2 pm – 5 pm, Room 219, Trust Headquarters, North Manchester General Hospital	