

Greater Manchester **Cancer**

Breast Pathway Board

Date of Meeting 21st September 2016

Time of meeting 9am – 12pm

Venue Room 6, Trust Administration, The Christie NHS Foundation Trust

Attendance	Representation
Mr Mohammed Absar (Chair)	Pathway Director, Consultant Breast Surgeon, Pennine
David Makin	Patient Representative
Anneela Saleem	Primary Care Representative
Michael Crotch-Harvey	Radiology Representative, East Cheshire
Gillian Hutchison	Radiology Representative for GM
Coral Higgins	Commissioning Representative, Manchester CCG
Susan Hignett (Vanessa Pope's deputy)	Consultant Breast Surgeon, Mid Cheshire
Anne Armstrong	Medical Oncology Representative, Christie
Clare Garnsey (CG)	Consultant Breast Surgeon, Bolton
Claire E. Gaskell (CEG)	Secondary Breast Cancer Nurse Specialist, Christie
Jo Taylor	Patient Representative
Clare Brearley	Advanced Nurse Practitioner, Pennine
Emma Reid	Radiologist, Stockport
Michael Crotch-Harvey	Radiology Representative, East Cheshire
Chandeena Roshanlall	Consultant Breast Surgeon, East Cheshire
Sumohan Chatterjee	Consultant Breast Surgeon, UHSM
Mark Pearson	Histopathology Representative
Nigel Bundred	Research Lead, UHSM
Apologies	
Vanessa Hickson	Macmillan Breast CNS, Tameside
Arora Pardeep	Consultant Breast Surgeon, Tameside
Vanessa Pope	Consultant Breast Surgeon, Mid Cheshire
Karen Livingstone	Allied Health Professional, Physiotherapist, UHSM
Zahida Saad	Consultant Breast Surgeon, SRFT
Vicky Yates	Patient Representative
In attendance	
Michelle Leach	Macmillan User Involvement Manager
Evangelie Dunn	Macmillan User Involvement Manager
Nicola Remington	Manchester Cancer Pathway Manager

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Welcome, introductions and apologies

1. Minutes of last meeting

The minutes of the last meeting were reviewed – minor amendments required.

Items not on the agenda:

a. Greater Manchester Cancer Vanguard - Clinical Standards work stream

Discussion summary	The board received the following presentation from Dr Roger Prudham, Standards Lead:  Vanguard Clinical Standards_Pathway t
Conclusion	Following a discussion the board welcomed this development and RP congratulated the board on being well prepared for this development due to the recently finalised Quality Standards document developed by the Pathway Board.
Actions and responsibility	RP invited feedback from all: Email: Roger.Prudham@pat.nhs.uk M: 07808 933946

b. New Breast Aftercare Model, MCIP – update on pilot

Discussion summary	The board received the following presentation from Hannah Leaton, Macmillan Improvement & Delivery Manager:  Hannah_Leaton_MCI P Presentation for MC CG highlighted that Bolton have been successfully running Open Access clinics (Mammo only)for a number of years involving apt at 1year and a further apt at 5yrs. CG stated that she would be concerned about dropping this 5yr apt for patients undergoing Endocrine therapy and that GPs would not be happy to make decisions for this group of patients.
Conclusion	Following a discussion the board welcomed this development and noted that the pilot launch at PAHT is in Oct 2016 whilst the launch at UHSM has been postponed due to not yet recruiting an Aftercare co-ordinator. Patients on endocrine therapy on the MCIP programme will be followed up as per

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	the pathway which has been finalised by the MCIP team in consultation with the oncologist.
Actions and responsibility	There were no actions from this review and discussion.

c. Requirement for a Breast Data Analyst

Discussion summary	The board discussed the on-going need for a dedicated Breast Data Analyst and the continued problems currently being experienced in collating data relating to the Breast Pathway Board Audit Programme.
Conclusion	The board will forward a letter to Dave Shackley, Medical Director of MC, requesting funding for a dedicated Breast Data Analyst.
Actions and responsibility	NR to draft letter requesting funding for a dedicated Breast Data Analyst and issue to Dave Shackley in time for next Systems Board meeting (Friday 23rd Sep).

d. Breast Clinics without appropriate Radiology provision

Discussion summary	The board acknowledged that there are some clinics at SRFT and WWL being conducted without appropriate radiology cover (failure to recruit radiology locum).
Conclusion	All such clinics such cease to occur with immediate effect and the board strongly feels that all TWW clinics should be one-stop only.
Actions and responsibility	MA to forward letter to all trusts informing of requirement to cease such clinics (NR to draft).

e. ABS Audit

Discussion summary	After receiving the ABS audit data at the previous Pathway Board meeting the board agreed to conduct a further audit.
Conclusion	The board is to conduct a re-audit for GM using 1 response from each Trust to prevent bias.
Actions and responsibility	MA/NR to send audit template to all trusts. [MARIA BRAMLEY HAS SINCE MADE THE AUDIT DATA AVAILABLE SO THIS ACTION IS NO LONGER REQUIRED].

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2. Objective no 1 – Improving outcomes/survival rates

a. **Breast Pathway Board Work Plan (standard item)**

Discussion summary	<p>The board reviewed the objectives for 2016/17 allocating leads and setting a timetable for completion.</p> <p>Work Plan Objective 6: The board highlighted concern regarding the phrasing of Work Plan Objective 6: <i>'Screening – to increase screening uptake in all areas within GM to above the national average'</i> and the lack of ability of the board to directly influence this.</p> <p>Work Plan Objective 7: Education Programme The board discussed the potential to amalgamate events for both GPs and clinicians.</p>
Conclusion	<p>Work Plan Objective 6 to be rephrased as follows: Screening – to support PHE activities to increase screening uptake in all areas within GM to above the national average.</p> <p>Work Plan Objective 3: Network Clinical Guidelines: SH agreed to update guidelines timetable highlighting guidelines requiring completion/updating.</p> <p>Work Plan Objective 7: Education Programme To plan the next event after the Research event in Nov16. Individual trusts to continue with local engagement.</p>
Actions and responsibility	<p>NR to update Work plan as required.</p> <p>NR to forward current guidelines document to SH.</p> <p>Education programme: Board to start planning for an event in April/May 2017.</p>

b. **Performance Data**

Discussion summary	<p>The board reviewed the National Cancer Waiting Time (CWT) performance data (Q1, 2016/17) for Greater Manchester & East Cheshire, as reported by GMC.</p> <p> Performance Report Q1 16-17.pdf</p>
Conclusion	<p>The Board noted the contents of the report and noted that the poor performance of East Cheshire was assigned to Radiology cover issues. Pennine's dip in</p>

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	performance was due to Consultants’ annual leave not being effectively covered. MP highlighted that there should be a system to ascertain as to how many waiting list initiatives were conducted in order for Trusts to achieve the required CWT targets.
Actions and responsibility	ABS Audit (see item 1e) will establish rate of waiting list initiatives being deployed across GM.

3. Objective no 2 – Improving the patient experience

a. Living With & Beyond Cancer Update – Innovation Fund Project, Secondary Cancer

Discussion summary	The board received the following presentation summarising the findings of the <i>Innovation Fund Project: Living with Secondary Breast Cancer, Health & Wellbeing days from patients living with active disease</i> , presented by CEG:  living-with-secondary-breast-cancer.pdf
Conclusion	The Board noted the contents of the report and thanked CEG for her hard work.
Actions and responsibility	There were no actions from this review and discussion.

b. Service User Representatives’ Agenda Item:

i. **Metastatic data** - what should we be looking for?

Discussion summary	CEG stated that although Christie have been collecting Metastatic data she believes there are major data quality issues due to the data being manually completed by clinicians on paper forms and being dependent on clinicians remembering to complete said forms.
Conclusion	Board agreed there is a need to review current position and must be explicit as to what is required/expected going forward.
Actions and responsibility	Metastatic standards to be agreed and incorporated in the Breast Quality Standards document, stipulating exactly what data is required to be collected. NR to amalgamate Mets standards into Quality standards document after agreed by CEG/AA/JT/BM.

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ii. Review of psychological support/survivorship pathways – current position, future developments & current/potential issues

Discussion summary	ITEM DEFERRED DUE TO APOLOGIES BEING RECEIVED FROM VY (VY had initially proposed agenda item)
Conclusion	
Actions and responsibility	NR to include on next Pathway Board meeting agenda.

iii. Development of user involvement community

Discussion summary	ML provided the board with an update on the work of the Macmillan User Involvement (UI) team.
Conclusion	ML confirmed that the UI team was now fully recruited including dedicated support to the Vanguard programme. ML stated that the aim for the Breast board is to have a small community of people affected by Breast Cancer to feed into the Pathway Board and the development of this will be focussed upon going forward.
Actions and responsibility	ML to feedback updates relating to the development of the ‘small community’.

c. NCPES Report 2015 - Develop work plan items related to findings from the report

Discussion summary	Report was reviewed and the wish to avoid duplication from on-going internal trust activity was raised. CEG highlighted that the Christie’s performance had significantly fallen due to CNSs at the Christie no longer supporting primary cancer patients resulting in less satisfied patients.
Conclusion	All trust to provide in-house NCPES work-plans for review.
Actions and responsibility	NR to collate Trusts’ NCPES work-plans for next meeting to inform development of a Pathway Board work-plan.

d. Project/Group Updates:

i. MCIP Update

Discussion summary	See item 1b
Conclusion	

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Actions and responsibility	
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ii. AHP Forum Update

Discussion summary	<p>CNS Meetings - Attendance issue was again discussed (CNSs are unable to attend due to lack of cover etc.).</p> <p>HNA Protocol – CB requested for this document to be shared with board for formal sign off and invited comments:</p> <p style="text-align: center;"></p> <p>HNA in breast cancer protocol (3)-February</p>
Conclusion	MA to send formal letter to all Trust Cancer Leads highlighting requirement for CNSs to attend the regional CNS Group meetings.
Actions and responsibility	<p>NR to draft letter to Trust Leads. CB to send attendance register of CNS group meetings to be included in correspondence.</p> <p>NR to email HNA Protocol to all board members requesting formal sign off.</p>

4. Objective no 3 – **Research and clinical innovation**

a. **Clinical Trials Update**

Discussion summary	<p>NB informed the board of recent discussions with the NIHR on improving recruitment to clinical trials in GM. CG highlighted concern regarding adequate Research Nurse allocation per trust.</p> <p style="text-align: center;"></p> <p>BREAST_Trials report_Q1&Q2FY2011</p>
Conclusion	The Board noted the contents of the report.
Actions and responsibility	NB to provide feedback as to what resource is available and how this is allocated.

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b. Clinical Trials Update in Breast Cancer Event

Discussion summary	Confirmed date: Thursday 24 th November 2016, 12.30-5pm, The Christie. The flyer for the event was reviewed:  Research Flyer 24 11 16.pdf
Conclusion	The Board noted the formalisation of the event.
Actions and responsibility	All board members are to attend the event as this event has been scheduled in place of the next Pathway Board meeting and therefore attendance by board members is required.

5. Objective no 4 – Improving and standardising high quality care across the whole service

a. Clinical Team Updates:

i. Radiology Update

Discussion summary	Not discussed.
Conclusion	
Actions and responsibility	

ii. Pathology Update

Discussion summary	MP wanted the board to be aware that there is a Devo-Manc [Greater Manchester Health & Social Care Partnership] pathology cost-cutting exercise currently being conducted. Currently unclear as to exactly what areas are being focussed upon but MP will continue to feedback to the board and asked for support if/when required.
Conclusion	Await further developments.
Actions and responsibility	MP to provide further updates regarding developments to the board.

6. Any other business

None stated.

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Date and time of next meeting

PLEASE NOTE THAT THE SCHEDULED MEETING FOR WEDNESDAY 16th NOVEMBER IS CANCELLED and has been substituted for the below event:

Clinical Trials Update in Breast Cancer Event, Thursday 24th November, 12.30pm – 5pm, The Auditorium, The Christie