

Breast Pathway Board – Minutes of Meeting

Thursday 12th November 2015, 2pm – 5 pm
Neuro-Radiology Seminar Room, Salford Royal NHS Foundation Trust

Attendance	
Mohammed Absar	Pathway Director, Consultant Breast Surgeon (Pennine)
David Makin	Patient Representative
Chandeena Roshanlall	Consultant Breast Surgeon (East Cheshire)
Gillian Hutchison	Radiology Representative (Bolton)
Mark Pearson	Histopathology Representative
Coral Higgins	Commissioning Representative (Manchester CCG)
Zahida Saad	Consultant Breast Surgeon (Salford)
Emma Reid	Radiologist (Stockport)
Vanessa Pope	Consultant Breast Surgeon (Mid Cheshire)
Claire Brearley	Advanced Nurse Practitioner (Pennine)
Alison Darlington	Consultant Radiographer (Pennine)
Richard Johnson	Consultant Breast Surgeon (UHSM)
Kate Williams	Oncoplastic Fellow (UHSM)
Nigel Bundred	Research Lead, Consultant Breast Surgeon (UHSM)
Yit Lim	Radiologist (UHSM)
Seema Datta	Radiologist (UHSM)
Claire Gaskell	Breast Cancer Nurse (Christie)
Clare Garnsey	Consultant Breast Surgeon (Bolton)
Brian Magee	Clinical Oncology Representative (Christie)
Nicola Remington	Pathway Manager, Manchester Cancer
Hannah Leaton	User Involvement Manager, Manchester Cancer
Apologies	
Anne Armstrong	Medical Oncology Representative (Christie)
Michael Crotch-Harvey	Radiology Representative (East Cheshire)
Simon Ellenbogen	Trust Representative, Breast Surgeon (Tameside)
Amanda Myerscough	Primary Care Representative
Helen Sewell	CNS, Bolton
Amar Deshpande	Consultant Breast Surgeon (WWL)
Miles Howe	Histopathology Representative (UHSM)
Karen Livingstone	Allied Health Professional, Physiotherapist (UHSM)
Julie Orford	Lead Breast Nurse (UHSM)

Agenda Item	Action
<p>1. Welcome MA welcomed everyone to the meeting. Apologies were noted. MA stated that clarification regarding the membership of the Pathway Board was needed and this would be provided by the end of this meeting. MA also stated that additional attendees have recently been asked to join the group temporarily in order to contribute to the formulation of the Breast Cancer Services Quality Standards document.</p>	
<p>2. Minutes of the previous meeting and matters arising</p> <p>Nursing Guidelines (Item 2 from previous minutes): CB stated not yet finished but the sections required for the Quality Standards document have been completed and now require to be included in the final document.</p> <p>Breast Implementation Services Group (Item 8a from previous minutes): CR requested clarification as her understanding was that the Manchester Cancer Breast Pathway Board was where both the pathway and the provision of Breast services was to be decided and that both meetings were to be merged into the one meeting to avoid duplication. MA stated that the Manchester Cancer Pathway Board is the group which will decide the Quality Standards as it is the group which offers clinical guidance. The CCGs will decide as to how the services are to be configured but it is imperative that the CCGs have the information available regarding the Quality Standards in order to guide their decision. CR requested clarification on the allocation of ‘Key Provider’ being given to UHSM. CH confirmed that ultimately the decision will be made by the 12 CCGs and they are currently looking at the Lead Provider model and UHSM had been nominated as the Lead Provider. CH clarified that this did not imply clinical superiority but is more of a managerial role and was to facilitate the process to avoid having to have nine Providers have discussions with 12 CCGs as it would instead be one Lead Provider liaising with one Lead Commissioner. MA clarified that UHSM were appointed as Lead Provider three months ago and the Pathway Board had not been consulted on that decision. MP requested for the purpose of both meeting groups to be explicitly documented in order to avoid further confusion i.e. clarify the roles and responsibilities of the Lead Provider and the Pathway Board respectively.</p> <p>ACTIONS: Issue statement clarifying roles and responsibilities of the Manchester Cancer Breast Pathway Board. Request for statement clarifying roles and responsibilities of the Lead Provider from the Commissioners (Adrian Hackney).</p> <p>Minutes were agreed with minor amendments</p>	<p>MA & NR</p> <p>NR</p>
<p>3. Manchester Cancer Breast Services Quality Standards: current draft reviewed and ‘Additional Comments’ document discussed. MA thanked the group for forwarding their additional comments. VP asked for clarification on the remit of the Quality Standards document. DM</p>	

<p>requested for the group to remember the onus of the document should be on what is best for the patient and not the individual service providers.</p> <p>Breast Services Questionnaire A questionnaire regarding the reconfiguration of Breast Services in GM was distributed to each provider/user/stakeholder to complete.</p> <p>ACTIONS: Additional item in the Quality Standards document explaining the remit of the document.</p> <p>Update the Quality Standards document with the additional comments agreed by the Board & present at next meeting.</p> <p>Collate the responses from the questionnaire and distribute results to the group.</p>	<p>MA & NR</p> <p>MA & NR</p> <p>MA & NR</p>
<p>4. Breast Data Set</p> <p>MA clarified that collecting the required data for the data set is helpful but will not ultimately define the reconfiguration of the Breast Cancer Services of GM as ultimately it will be the Quality Standards that will help drive this. MA stated that once the Quality Standards have been completed a Rag Table for Trusts will be formulated to work to in order to show as to whether each service is compliant and to help focus on the areas that need development in order to achieve compliance, with clear timelines.</p> <p>NR confirmed that most Trusts have completed the dataset with the exception of Salford and Bolton. CG had previously queried the dataset and wanted further clarification at today's meeting before sending Bolton's data through. Tameside had sent through a completed version of the original dataset and not the current version so is also still outstanding. CB stated that at a previous meeting it had been agreed that there would be a separate Nursing dataset – this was not sent out but CB has completed a more robust Nursing dataset and would like this to be incorporated (group agreed).</p> <p>CG stated her confusion regarding the confirmation of the dataset and that there had not been an opportunity to agree on the items of the dataset. MA confirmed that he had sent the dataset out with a timeline of two weeks to state their approval or additional comments after which a final version was sent out. MA stated that further items could be added if the group wanted this. CB stated that at the Breast Services Implementation Group it had been agreed that the Commissioners will provide a large amount of the data regarding referral pathways, demographics of patients etc as Adrian Hackney had confirmed that this would be provided. CB stated that therefore the remit of the dataset is a workforce analysis. CG aired her concern that the dataset is not a clean dataset as each Trust will have interpreted each item differently. NR confirmed that the datasets received to date have extensive qualifying statements within the dataset illustrating how each Trust has interpreted the dataset.</p> <p>ACTIONS: Complete Rag Table of Service Compliance against Quality Standards</p>	<p>MA & NR</p>

<p>Combine Nursing dataset with original Breast Service Dataset</p> <p>Collate remaining outstanding datasets and analyse and share with group</p>	<p>CB & NR</p> <p>Salford, Bolton and Tameside to send completed dataset to NR</p>
<p>5. Objective 1 – Improving outcomes/survival rates</p> <p>a. Chief Provider Board Meeting – Feedback NR provided a summary of the meeting: The main discussion had been regarding the Greater Manchester Cancer Vanguard which is an NHS England established partnership between Manchester Cancer, Trafford CCG and The Christie. The aim of the vanguard is to establish a single system provider for Greater Manchester cancer services. This will be focussed on driving improvements in clinical outcomes and patient experience across the entire patient journey including health promotion, diagnosis and care. Further updates will be provided as they are made available by the Vanguard team.</p> <p>Urology and oesophago-gastric transformation process NHS England has asked the OG and Urology pathway boards to start the process. Both boards are making good progress and have been able to engage with colleagues to create a new set of quality standards for the future service(s). NR highlighted that there are parallels between these services and the required transformation of services for Breast Cancer and therefore it would be useful to learn from what has been successful regarding the process followed.</p> <p>ACTION: Arrange meeting with MA, NR & James Leighton (Pathway Manager & Acting Associate Director of Manchester Cancer) to share learning.</p> <p>b. Breast Services Implementation Group Meeting – Feedback RJ provided a summary of the meeting: There was a discussion with regards to the actual meeting’s name as many are referring to it as the ‘Provider Board’, however there is an already established meeting of this name (see item 5. a.). The group agreed to call it the ‘Breast Services Implementation Group’. RJ highlighted the Quality Standards were discussed at this meeting and each Trust was asked for their views regarding the reconfiguration of Breast Services in GM i.e. how many centres they thought would be the ideal number of Breast Cancer Services in Greater Manchester going forward. RJ stated that there was a general consensus that things needed to change but the amount of change thought to be needed/wanted varied greatly between Trusts. RJ stated that Adrian Hackney [Associate Director of Transformation at Trafford CCG] was present and attempted to summarise the role of the Commissioner in the reconfiguration process and stated that their primary aim is to eradicate inequality in service provision for the GM population. Adrian Hackney will also be clarifying the roles and responsibilities of the Lead Provider by the next meeting. Also, the development of the Cancer Vanguard will incorporate the reconfiguration work within Greater Manchester and more information regarding this will be shared once available.</p>	<p>NR</p>

<p>6. Objective 2 - Improving patient experience</p> <p>a) MCIP Update: CH: Funding from Macmillan has been issued for Phase 3 up to Dec 2017. Phase 3 is focussing on the implementation of the Breast and Lung pathway redesign. The Steering Groups for Breast and Lung are currently being set up and from these groups further Project sub-groups are being created which will include representatives from the three Acute Trusts within Manchester on various different projects. MA queried as to why progress appears to be slow. NB stated that Facilitators are currently being appointed and this will speed up progression.</p> <p>b) Living With & Beyond Cancer Update: The Christie has run two Health & Wellbeing Events for patients living with Secondary Breast Cancer and is hoping to create a model to use for regular future events.</p> <p>Metastatic patients and nursing provision: CB stated that currently the Clinical Nurse Specialists for Breast at the Christie support the Oncology patients that are having adjuvant treatment but this is being devolved back to the Trusts which is having a very significant effect on the resource in some Trusts (especially UHSM as they have a cohort of CNSs supporting the surgical part of the pathway but historically haven't supported the part of the pathway to do with the Adjuvant Chemotherapy patients). Data is currently unavailable regarding how patients with Metastatic disease are being supported and this data needs to be collated. NB queried this and stated that this data is available with the LW&BC Board as Deloitte Auditors had been commissioned to collate and this will be made available after the final clean-up meeting in Jan16. NB stated that the primary identified area was that most of the patients that come back acutely go straight to CMFT and therefore an Oncology liaison will be needed to refer patients back to UHSM etc.</p> <p>ACTION: Data regarding the CNS support provision across GM for patients with Metastatic Disease received by the LW&BC Pathway Board to be shared with the Breast Pathway Board once available.</p> <p>c) AHP Forum Update: CB provided feedback, stating that the forum was held one week after the last Pathway Board Meeting. The nurses are very keen to share the workforce analysis to look at different pathways of care and to look at Nursing Quality Standards - they have been working on this as a separate comprehensive document from which a summary will be incorporated within the Manchester Cancer Breast Services Quality Standards document. The workforce analysis data has gone back to the next AHP Pathway Board which will be held in the next couple of weeks and then will be shared more widely.</p> <p>MCIP and LW&BC: CB stated that a great deal of concern had been expressed at the forum regarding the amount of duplication of work occurring across these two groups as effectively both groups are having the same meetings but with a different panel of people etc. CH stated that this issue is in hand and will be rectified.</p> <p>CB stated that the AHP Forum had been a very positive meeting and it was greatly appreciated that Trusts were able to release their staff in order to attend and it is imperative that this continues in order to ensure that all nurses are updated at key meetings.</p>	<p>NR to request from Wendy Makin</p>
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<p>8. Objective 4 - Improving and standardising high quality care across the whole service</p> <p>a) Pathology Update: MP discussed the Pathology reorganisation that had been occurring across GM a number of years ago and how the end product was not that which was intended at the start of the reorganisation. As the Breast Services across GM are on the brink of reconfiguration MP wished to highlight that sometimes the decisions that are made at the start of the process are not those that are realised down the line and all should be conscious of this. NB wished to also highlight that the Head of NHS England [Simon Stevens] has stipulated that if GM has not started the reorganisation of Breast Services next year it will be imposed upon them and therefore progression needs to occur promptly.</p> <p>b) Paediatrics in breast clinics Update: VP summarised the draft Paediatric guidelines issued with the agenda and invited the group to review and contact her with comments/queries. Once these guidelines are ratified by the Pathway Board they will be sent to GPs and Commissioners. VP also highlighted that although there is national guidance regarding treatment of children, and national guidance for treatment of Breast Cancer, the TWW Breast Symptomatic guidance doesn't differentiate between adult/children and is therefore a grey area.</p> <p>ACTION: VP to finalise Paediatrics guidelines for next meeting after receiving any comments from group.</p>	<p>All to send comment to VP</p>
<p>9. Any other business</p> <p>a) Risk Reducing Mastectomy Guidelines: CH highlighted that it is still not clear as to where to refer for a psychological assessment. The group were asked to review the document and provide feedback before the next meeting.</p> <p>b) Membership of Pathway Board: MA highlighted the need to reassess and confirm the membership of the Pathway Board. GP reps are to be sourced due to two of the current three dropping out. CB also highlighted that she wished to not be the only nurse present on the Pathway Board and that as she was an Advanced Nurse Practitioner she believed it was important to have a Breast Care Nurse on the Pathway Board. CR highlighted that there isn't a Breast Plastic Surgeon on the Pathway Board.</p> <p>c) Letter of Concern to RCR: GH requested confirmation that the letter from the Pathway Board to the Royal College of Radiology regarding difficulties recruiting Breast Radiologists within GM had been sent in Aug15 by Melissa Wright as still no response.</p> <p>d) Education Package: GH requested for this to be put on the agenda for the next meeting as it has not been on recent meeting agendas.</p> <p>e) Guidelines available on Manchester Cancer Website: VP asked for confirmation that these are available on the Manchester Cancer website.</p>	

<p>ACTION: Review and forward comments regarding the Risk Reducing Mastectomy.</p> <p>NR to send out Pathway Board membership details as it currently stands for group to confirm and provide suggestions.</p> <p>NR to liaise with CH to attempt to recruit GPs to the Board.</p> <p>NR to contact Melissa Wright to confirm letter to RCR was sent in Aug and to either re-send or send follow-up letter as required.</p> <p>Education package on next meeting's agenda.</p> <p>Update Manchester Cancer website with guidelines docs.</p>	<p>All to send comments to MA/NR</p> <p>NR</p> <p>NR & CH</p> <p>NR</p> <p>NR</p> <p>NR</p>
<p>f) Date of next meeting Tuesday 19th January, 2pm – 5pm, Trust Meeting Rm6, The Christie</p>	