




## Breast Pathway Board – Minutes of Meeting

Wednesday 18<sup>th</sup> May 2016, 2pm – 5 pm  
Trust Meeting Room 6, Trust Admin, The Christie

<b>Attendance</b>	
Mohammed Absar	Pathway Director, Consultant Breast Surgeon, Pennine
David Makin	Patient Representative
Jo Taylor	Patient Representative
Victoria Yates	Patient Representative
Anneela Saleem	Primary Care Representative
Gillian Hutchison	Radiology Representative for GM
Coral Higgins	Commissioning Representative, Manchester CCG
Claire E. Gaskell (CEG)	Breast Cancer Nurse, Christie
Brian Magee	Clinical Oncologist, Christie
Chandeena Roshanlall	Consultant Breast Surgeon, East Cheshire
Vanessa Pope	Consultant Breast Surgeon, Mid Cheshire
Clare Brearley	Advanced Nurse Practitioner, Pennine
Anne Armstrong	Medical Oncology Representative, Christie
Emma Reid	Radiologist, Stockport
Michelle Leach	Macmillan User Involvement Manager, Manchester Cancer
Karen Livingstone	Allied Health Professional, Physiotherapist, UHSM
Nigel Bundred	Research Lead, Consultant Breast Surgeon, UHSM
Vanessa Hickson	Macmillan Breast CNS, Tameside
Nicola Remmington	Pathway Manager, Manchester Cancer
<b>Apologies</b>	
Clare Garnsey (CG)	Consultant Breast Surgeon, Bolton
Mark Pearson	Histopathology Representative
Michael Crotch-Harvey	Radiology Representative, East Cheshire
Richard Johnson	Consultant Breast Surgeon, UHSM
Amar Deshpande	Consultant Breast Surgeon, WWL
Amanda Myerscough	Primary Care Representative

Agenda Item	Action
<p><b>1. Welcome &amp; Introductions</b> MA welcomed everyone to the meeting. Apologies were noted.</p> <p><b>i. Patient Representative:</b> Victoria Yates was welcomed to the Board. [Victoria has set up the Younger Breast Cancer Network UK, an online support group for breast cancer sufferers under 45 years old]: <a href="#">Younger Breast Cancer Network UK</a> (Facebook forum)</p> <p><b>ii. Primary Care Representative:</b> Aneela Saleem was welcomed to the Board. Aneela is a GP who has had treatment for Breast Cancer in the past.</p>	
<p><b>2. Minutes of the last meeting and matters arising not on the agenda:</b></p> <p><b>i. Adjuvant Bisphosphonates in Breast Cancer Management – <i>Anne Armstrong, Consultant in Medical Oncology, The Christie</i></b></p> <p>AA presented the following to the group:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               Adjuvant_Bisphosphonate_Protocol.pdf         </div> <div style="text-align: center;">               Adjuvant_Bisphosphonates_Presentation_         </div> </div> <p>AA has requested for the Pathway Board to support this and will finalise the protocol for further discussion. NB stated that there is a dispute regarding the supporting data for establishing the dose and a risk threshold needs to be established. MA stated further discussion is required AA stated that this has not received commissioning approval despite Dr Andrew Wardley attempting to progress this – CH will look into this further, however, as this is not NICE approved this may have been the issue with regards to not attaining commissioning approval.</p> <p><b>ii. Greater Manchester Cancer Vanguard Update – <i>Jenny Scott, Programme Director Greater Manchester Cancer Vanguard</i> (4.30pm)</b></p> <p>JS presented the following to the group:</p> <div style="text-align: center;">               Cancer_Vanguard_18_5_16.pdf         </div> <p>JS welcomed members of the Board to contact her should they have any further queries : <a href="mailto:Jenny.Scott@christie.nhs.uk">Jenny.Scott@christie.nhs.uk</a> Tel: 07795 021 946</p> <p>MA thanked JS for attending and responding to comments/questions. MA stated that JS's presentation had been very informative and established a further platform for the Pathway Board to consider evolved ways of care delivery throughout the pathway.</p>	<p><b>ACTION: AA to finalise protocol and share with PB.</b></p> <p><b>ACTION: CH to confirm viability for receiving commissioning and whether the lack of NICE approval is a stumbling block.</b></p>

iii. Minutes of the previous meeting and matters arising:

**From previous minutes: ITEM 2 & 3, Work Group 3 - Data**

**ACTION: MA & NR to produce business plan to the Cancer Vanguard for Data Manager Role.**

NR updated the group stating that she had approached the Cancer Vanguard Team and been informed that this would not be a viable option. Instead, the Cancer Intelligence Unit within the newly formed Cancer Vanguard structure will be able to assist going forward (once established).

**From previous minutes: ITEM 5c Breast Cancer Dataset**

**ACTION: MA/NR to analyse dataset and present at next PB.** NR updated the group stating that Adrian Hackney, Associate Director of Transformation, Trafford CCG had requested for the analysis of the data to be conducted with him. NR has a meeting scheduled on Thursday 2<sup>nd</sup> June from which the results will be presented at the next Pathway Board meeting.

**Minutes were approved with minor amendments.**

**3. Objective 1- Improving outcomes/survival rates**

a. Breast Cancer Annual Report and Plan

– setting the objectives for 2016/17

The summary of delivery against 2015/16 plan was reviewed by the Board and the status (Green, Amber, Red) was assigned for each task.

Suggested Objectives:

**New Objective 1: Establish a comprehensive Audit Programme.** Discussion ensued with regards to the ability of each Trust to collate data such as:

- Pre-op diagnosis rate
- Axillary Staging Ultrasound and Cytology -rate
- Margin involvement <1mm
- Breast Reconstruction Rate and Implant Loss
- 1, 3 and 5yr local recurrence rate and mortality
- Local and distant recurrence rate
- Variation in Treatment of women +70yrs old

The Board agreed that effective analysis of robust data is essential in order to direct future service delivery change appropriately. CEG highlighted that we should utilise medical students who are required to conduct audits as part of their training and therefore this resource could be coordinated to assist with the Pathway Board audit programme. Concerns were raised that medical students are not in their respective roles long to enough to effectively assist.

MA stated that the Board should initially focus on establishing exactly what should be included within the audit programme and the practicalities of acquiring the data should be addressed as part of the work programme.

**New Objective 2: Host a Clinical Trials Update Event in Breast Cancer** – The Board agreed to set this as an objective in order to promote recruitment to trials by highlighting current and future clinical trials and highlighting the progress being made via clinical trials.

**New Objective 3: Develop a Protocol for management of bone health in women with Breast Cancer including use of Bisphosphonates.** – This is to be developed (see above item 2i) in order to help progress with acquiring commissioning approval.

**New Objective 4: Develop a Medical Oncology Quality Standards document (including Breast Metastatic Disease)** - CEG volunteered to formulate a subgroup to progress with this (CEG, AA, BM & NR).

**b. Breast Cancer Quality Standards**

The Breast Cancer Quality Standards Rag Table showing whether each Trust (excluding SRFT) is compliant with the proposed standards was reviewed.

BM explained that SRFT will not be submitting data due to the recent merge of their Breast Services with UHSM.

**Nursing Standards** - CB highlighted that the Nursing standards are not sufficiently represented within this document and need to be amalgamated. MA to meet with CB and the Nursing Group to progress.

**Metastatic Breast Cancer** - CEG stated that there is nothing within the document relating to metastatic breast cancer. The Board agreed that these need to be developed and included (as per Annual Report New Objective 16/17).

**AGREED AMENDMENTS TO PROPOSED QUALITY STANDARDS:**

**QS Ref: BC S003** *Any operating site to have a minimum catchment population base of 250,000*

- The Board agreed that this standard was not required and is to be removed.

**QS Ref: BC S005** *Each service centre to have a minimum of 2x Medical Oncologists and*

**QS Ref: BC S006** *Each service centre to have a minimum of 2x Clinical Oncologists*

- The Board agreed the requirement for the above standards to state **Consultant** level and agreed to merge the two standards and state a minimum of **2 Consultant Oncologists**.

**QS Ref: BC S012 [now BC S011]** *There should be a minimum of 4 WTE Breast Surgeons per centre*

- The Board agreed the requirement to state **Consultant** level.

**QS Ref: BC DI002** *98% of all Breast Cancer patients to be seen in a One-Stop clinic*

- The Board agreed to replace 'patients' with 'referrals'.

**QS Ref: BC PE005** *Each service centre will have a minimum of 1xWTE Breast CNS per 75 new Breast Cancer cases per year*

- CB queried the number of cases per WTE Breast CNS stating that this was too high and as

**ACTION: Breast Metastatic Disease Quality Standards Subgroup to be established (CEG, AA, BM & NR to meet).**

**ACTION: MA to meet with CB, VH, KL & CH to identify and agree Nursing standards to be included in the Breast Quality Standards document.**

<p>the document is aspirational and aiming to improve service provision this number should be reduced. This will be discussed further at the subgroup meeting to be scheduled to discuss the nursing standards.</p> <p>Extensive discussions ensued with regards to the premise of the quality standards and whether these are all evidence based. MA reaffirmed that many are above the national standards requirement as these are <i>quality</i> standards and not <i>minimum</i> standards and in order to drive improvements in service delivery more robust and challenging standards are required. MA also reminded the Board that the Quality Standards had been developed and agreed by all at previous Pathway Board meetings and votes had been collated in order to confirm various elements for items that were contentious.</p> <p>c. Performance Data <b>NOT REVIEWED DUE TO OVER-RUNNING OF MEETING - DEFERRED TO NEXT MEETING</b></p>	
<p><b>4. Objective 2 – Improve Patient Experience</b></p> <ul style="list-style-type: none"> <li>a. MCIP Update</li> <li>b. Living With &amp; Beyond Cancer Update Innovation Fund Project – Secondary Cancer Data (presentation)</li> <li>c. AHP Forum Update</li> <li>d. Patient /User Communication</li> </ul> <p><b>ALL ITEMS NOT REVIEWED DUE TO OVER-RUNNING OF MEETING - DEFERRED TO NEXT MEETING</b></p>	
<p><b>5. Objective 3 – Research &amp; Clinical Innovation</b></p> <ul style="list-style-type: none"> <li>a. Clinical Trials Update (Q4 and full year report not available until mid June) NB gave a verbal update regarding the latest trial recruitment for the region. MA expressed his thanks to the Board for the excellent recruitment rates however the Board is keen to look at the variation in recruitment between Trusts.</li> </ul>	
<p><b>6. Objective 4 – Improving and standardising high quality care across the whole service</b></p> <ul style="list-style-type: none"> <li>a. Radiology Update</li> <li>b. Pathology Update</li> <li>c. RRM Guidelines – Psychological Support Report</li> </ul> <p><b>ALL ITEMS NOT REVIEWED DUE TO OVER-RUNNING OF MEETING - DEFERRED TO NEXT MEETING</b></p>	

<p><b>6. Any Other Business</b></p> <p><b>a. RRM Guidelines:</b> MA stated that MA, VH &amp; NR will meet to progress further.</p>	<p><b>ACTION: NR to arrange meeting with MA, VH &amp; NR.</b></p>
<p><b>10. Date of next meeting:</b> Tuesday 26<sup>th</sup> July 2016 9am – 12pm Seminar 6 Education Centre The Christie</p>	