

Breast Pathway Board – Minutes of Meeting

Tuesday 19th January 2016, 2pm – 5 pm
Trust Meeting Room 6, The Christie NHS Foundation Trust

| Attendance | |
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| Mohammed Absar | Pathway Director, Consultant Breast Surgeon (Pennine) |
| David Makin | Patient Representative |
| Gillian Hutchison | Radiology Representative for GM |
| 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) |
| Clare Garnsey (CG) | Consultant Breast Surgeon (Bolton) |
| Anne Armstrong | Medical Oncology Representative (Christie) |
| Miles Howe | Histopathology Representative (UHSM) |
| Karen Livingstone | Allied Health Professional, Physiotherapist (UHSM) |
| Michael Crotch-Harvey | Radiology Representative (East Cheshire) |
| Vanessa Hickson | Macmillan Breast CNS (Tameside) |
| Nicola Remmington | Pathway Manager, Manchester Cancer |
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| Apologies | |
| Amanda Myerscough | Primary Care Representative |
| Claire Gaskell (CEG) | Breast Cancer Nurse (Christie) |
| Chandeena Roshanlall | Consultant Breast Surgeon (East Cheshire) |
| Richard Johnson | Consultant Breast Surgeon (UHSM) |
| Michelle Leach | Macmillan User Involvement Manager, Manchester Cancer |
| Brian Magee | Clinical Oncology Representative (Christie) |
| Nigel Bundred | Research Lead, Consultant Breast Surgeon (UHSM) |

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| <p>Data: MP provided summary stating that NR had provided Cancer Waiting Time (CWT) performance data for Q1 & Q2 15/16 for the following:</p> <ul style="list-style-type: none"> • TWW • 31 Day Target • 62 Day Target <p>MP stated that Greater Manchester is failing the TWW target for Q2. GM is compliant for the 31D & 62D target. MA confirmed that at Pennine for Q2 there had been Consultant sickness resulting in failing the TWW target and due to the large number of referrals to Pennine this resulted with tipping GM to fail this target. This has now been rectified and therefore it is not expected for this failure of the TWW target to continue to Q3 but MP highlighted that this demonstrates the current vulnerability within the system.</p> <p>Other data items agreed to obtain as follows:</p> <ul style="list-style-type: none"> • Screening CWT data • Outcome data, 1yr and 5yr survival • Expected mortality by district and real mortality • Uptake of Screening rates by unit and demographic • Local recurrence rates • Post-operative complication rates including infection rates | <p>NR to provide sample data at next PB.</p> |
| <p>4. Minutes of the previous meeting and matters arising Minutes were approved.</p> <p>I. User Involvement - Hannah Leaton (Macmillan User Involvement Manager for Breast) has now left Manchester Cancer. Hannah's work is now being covered by Michelle Leach: Michelle.leach@nhs.net Tel: 07920817568 Michelle will be attending future Breast Pathway Board meetings but was unavailable today due to prior commitments.</p> <p>ML to invite a suitable Patient Representative candidate to observe at the next Pathway Board Meeting.</p> <p>ML to inform MCUIP team of requirement to recruit/engage metastatic patients and provide update at next meeting.</p> <p>II. Letter of Concern to RCR: NR confirmed that the letter from the Pathway Board to the Royal College of Radiology regarding difficulties recruiting Breast Radiologists within GM due to be sent in Aug15 had never been issued. NR has forwarded letter to RCR and will share response at the next PB.</p> | <p>ML to secure pt rep for next meeting and source metastatic pt rep.</p> <p>NR to share response from RCR at next PB meeting.</p> |
| <p>5. Objective 1 – Improving outcomes/survival rates</p> <p>a. Breast Cancer Annual Report and Plan Recovery Package - CB highlighted the importance for consistency in the implementation of the Recovery Package across all trusts and stated that there is currently a great deal of</p> | <p>CB to forward summary</p> |

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| <p>variation in its implementation. CB stated that the Nursing group has an assessment of the current position for GM and will forward to NR. This will be presented at the next PB as a baseline position and further work to be agreed regarding required progression/potential service provision solutions.</p> <p>b. Breast Cancer Quality Standards</p> <p>MA confirmed that the standards are nearly complete but the latest version hasn't been shared with the group. This has been due to the decision to adopt the same process utilised by Urology and OG services who have recently embarked on a similar service transformation process which included updating their quality standards. It was deemed prudent to adopt the same quality standards template in order to provide consistency to commissioners. Therefore, the quality standards are to be redrafted into this current template and then shared with the group.</p> <p>DM highlighted that Adrian Hackney (Associate Director of Transformation, Trafford CCG) does not currently receive the minutes of this meeting – NR agreed to add AH to the group distribution email list in order to rectify.</p> <p>c. Breast Cancer Dataset</p> <p>Salford is still to provide data to NR.</p> <p>Still need to combine Nursing dataset with original Breast Service Dataset – CB to forward to NR.</p> <p>d. Performance Data</p> <p>Summary already provided (see Agenda Item 2&3 'Data' above).</p> | <p>position of Recovery Package implementation for GM to NR.</p> <p>MA & NR to redraft quality standards and then share with group.</p> <p>NR to add AH to email distribution list.</p> <p>Salford to complete and forward dataset to NR.</p> <p>CB to forward nursing dataset to NR.</p> |
| <p>6. Objective 2 – Improve Patient Experience</p> <p>a. MCIP Update</p> <p>CH provided summary:</p> <p>Two projects currently for the Breast Programme:</p> <ol style="list-style-type: none"> i. New Model of Monitoring After care ii. Secondary Breast Cancer patients <p>Within the 'New Model of Monitoring After Care' there are two projects:</p> <ol style="list-style-type: none"> 1. Mammographic Surveillance 2. Monitoring key elements of the Recovery Package. <p>Sub groups have been set up to progress these work streams with an over-arching steering group. The steering group were due to meet in February but this has just been cancelled.</p> <p>Lots of work completed designing the new models and therefore will soon be entering the implementation phase. CH stated that many have felt frustrated with the rate of progression but it now appears that some tangible progress is imminent. CH also stated that Pennine now has an MCIP facilitator in post.</p> <p>b. Living With & Beyond Cancer Update:</p> | <p>All Trusts to</p> |

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| <p>JO not present. NR highlighted the request issued to the Pathway Board from the LWABC Pathway Board to complete a 'Late Effect' questionnaire and sought confirmation from the Board that this would be completed by all Trusts by the end of Jan – all agreed.</p> <p>c. AHP Forum Update CB provided summary, stating that the forum has been held five times since Jan15 and attendance has been variable. The group have attained the following:</p> <ul style="list-style-type: none"> • Agreed terms of reference for Nurses & AHPs • Disseminated information regarding: <ul style="list-style-type: none"> - Holistic Needs Assessment - Living with Secondary Breast Cancer - Income generation - Moving forward/survivorship programme - Nursing Network guidelines - Fertility referral pathway - Sharing best practice/follow up - Feedback from Breast Pathway Board • Education: <ul style="list-style-type: none"> - Hair loss following Taxane chemotherapy - Chemotherapy update study day 9th Nov15 at The Christie - Plan for further study day Mar16 sponsored by Roche <p>CB stated they had been looking at clinic models and the viability of Telephone Clinics. CH stated that Breast is currently commissioned on a block contract but CB thought this was not always the case. CH to confirm.</p> <p>d. Patient/User Communication DM provided summary, stating that he had recently seen a presentation relating the cancer performance/outcomes in Denmark and that treatment in Denmark for most cancers is within 7 days. DM highlighted that GM should also be striving to not only attain our current performance targets but exceed them in a similar fashion as Denmark. DM also highlighted that patients are very keen on one-stop clinics and this should be kept in mind during any reconfiguration/transformation of Breast services process being undertaken. DM also highlighted that with the Cancer Vanguard project and Devo-Manc project there are monies to be had and all Pathway Boards should be striving to attain said monies to develop service improvement projects.</p> | <p>complete LWABC 'Late Effect' questionnaire and forward to NR by end of Jan16.</p> <p>CH to confirm if all Breast services are commissioned through block contracts.</p> |
| <p>7. Objective 3 – Research and clinical innovation</p> <p>a. Clinical Trials Update:</p> | |

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| <p>NB not in attendance. Current Trials report same as issued at previous meeting as Q3 report is not yet available.</p> <p>NB to verify reason Salford Royal is not present on Research Trial report.</p> | <p>NB to clarify reason SRFT not present on Trials report.</p> |
| <p>8. Objective 4 – Improving and standardising high quality care across the whole service</p> <p>a. Radiology Update: Nothing to report.</p> <p>b. Pathology Update: Discussion ensued about the current debate regarding the minimum number of specimens a Pathologist should be required to review and whether there should be a distinction between screening/symptomatic (National Co-ordinating Committee for Breast Pathology). MH to provide update at next meeting.</p> <p>c. Paediatrics in Breast Clinics Guidelines Update: VP confirmed that she had not received any comments since the last PB. Guidelines were approved by the group. NR to upload to MC website.</p> <p>d. Risk Reducing Mastectomy Guidelines Update: Discussion ensued regarding phrasing within the document. Also, issue of Psychological referral and making it explicit within document that RRM should not occur without a psychological referral, however, this is not currently available across all of GM - need to establish baseline provision.</p> | <p>MH to provide update regarding Pathologists required minimum specimen review rate.</p> <p>NR to upload Paediatric guidelines to MC website.</p> <p>VH to establish current psychological referral provision across GM.</p> <p>All to forward any further comments regarding RRM guidelines to MA/NR.</p> |
| <p>9. Any Other Business</p> <p>a. Cancer Vanguard Update: MA stated that the Cancer Vanguard team are currently looking to appoint the leads of various clinical work streams (1-2 year terms) and supporting them, clinically and operationally. They will lead programmes that have been agreed across the 3 National Cancer Vanguard partners. The funding for these posts will come from the anticipated vanguard transformation funding.</p> <p>The five clinical work streams that we are setting up at this point are:</p> | |

1. **Prevention and public awareness** – to increase the awareness among the GM population of cancer risk factors, signs and symptoms, and screening programmes (working within a team led by Public Health)
2. **Diagnostic models** – to develop and test new models for achieving earlier diagnosis including pathways for patients with vague symptoms, patient self-referral, and rapid one-stop cancer clinics
3. **Cancer education** – to develop programmes for the on-going cancer education of patients and staff (incl. primary, secondary and tertiary professionals)
4. **Clinical and operational standards** – to develop new and challenging clinical standards for cancer services across the city and clear operational standards to support their delivery
5. **Living with and beyond cancer and supportive care** – to lead the introduction of the full recovery package for all cancer patients and support the introduction of risk-stratified models of aftercare and shared decision making in advancing disease

The Cancer Vanguard team are also looking for clinical and managerial leadership for a sixth work stream which will straddle the vanguard's clinical and commissioning work areas:

6. **Cancer intelligence** – to develop the capacity to support the collection of new data, collate the data already collected, and turn both into tailored intelligence for every level of the GM cancer system

The Cancer Vanguard team has expressed the need to maintain the pace that the vanguard programme has established to-date and would like to use a rapid though inclusive process for identifying and appointing work stream leads.

These work streams will effectively be cross cutting in nature and be able to call on the assistance of current pathway boards and trust leads board (and associated infrastructure) in their delivery. This will enable all trusts to get involved in the vanguard work through their representatives. (The Manchester Cancer pathway boards will also continue in parallel their other projects with annual reports published in the usual manner.)

In the following work stream areas there is effectively already someone in a clinical leadership role spanning the whole of Greater Manchester. The current plan is that these people will simply be designated as vanguard work stream lead in addition to their current roles:

- **Prevention and public awareness** – Wendy Meredith, Greater Manchester Director of Population Health Transformation (via a deputy)
- **Cancer education** – Richard Cowan, Director of the Christie School of Oncology and Chair of Cancer Education Manchester
- **Living with and beyond cancer and supportive care** – Wendy Makin, Manchester Cancer Clinical Director for Living With and Beyond Cancer

In the remaining work stream areas the Cancer Vanguard Team have invited expressions of interest to be work stream leads:

- **Diagnostic models**
- **Clinical and operational standards**
- **Cancer intelligence**

They are looking for individuals who have a good background understanding of cancer across Greater Manchester so will be seeking initial expressions of interest from:

- a. Members of Manchester Cancer Pathway Boards, and
- b. Members of trust cancer management teams (clinical, nursing and managerial leads).

An appointment decision will be made by the Vanguard Oversight Group rather than going through a lengthy recruitment process, recognising that we need to represent the whole of GM.

In the first instance the role of work stream lead will have (vanguard) funding of up to 2 PA attached, although this may change as the nature of the work involved becomes clear.

Projects the board wish to develop: LWABC Follow Up Programme

b. Manchester Cancer Provider Board Meeting Update:

NR provided a summary:

Breast Services: The transformation process was discussed and agreed that clear instruction regarding the required process to follow (i.e. similar to that of the Urology & OG transformation process) will be issued at the next Provider Board scheduled on 19th February 2016.

Funding for Manchester Cancer: This has been secured for a further 12 months after which a further 2 years funding will be provided via the Cancer Vanguard commissioning route.

Cancer Vanguard: Main issues requiring clarification were:

- i. **Funding Streams**
- ii. **Work Streams**
- iii. **Clarification of roles**

Value proposition due in by 8th February 2016 which the Cancer Vanguard team are currently completing and will share this at the next Provider Board. The Provider Board have agreed to meet monthly instead of bi-monthly to speed up this process.

Next Engagement Event: 27th January 2016, 9-12.30pm at A.J. Bell Stadium, Trafford Park.

Gynae/Urology/OG updates provided regarding transformation progress.

Acute Oncology Services: Funding issue clarified as Trusts had initially been given non-recurrent funds to set up Acute Oncology services and it has now been clarified that Trusts are to continue provision of services as this was stipulated in initial funding contracts.

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| <p>c. GP Breast Cancer Referral Template Update: Discussion ensued regarding the template. All agreed to forward comments to NR before the scheduled Macmillan GP meeting on Wednesday 27th Jan.</p> <p>d. Manchester Cancer Breast Pathway Board Membership Update: Pathway Board membership was reviewed by group and agreed with minor amendments to role descriptions. Vanessa Hickson to be added as CNS rep. Claire Garnsey to be added as Bolton Consultant Surgeon rep. NR to email request for confirmation of attendance from identified members who have not been attending.</p> | <p>All to forward comments regarding GP referral template to NR by 27/01.</p> <p>NR to update Pathway Board Membership doc on MC website.</p> <p>NR to email identified members who have not been attending requesting confirmation of future attendance.</p> |
| <p>10. Any other business</p> <p>a) None stated.</p> | |
| <p>10. Date of next meeting: Thursday 17th March 2016 2pm – 5pm Rm222 & 223 Trust Headquarters North Manchester General Hospital</p> | |