Breast Pathway Board – Minutes of Meeting

Tuesday 26th July 2016, 9am – 12pm
Seminar 6, Education Centre, The Christie

Attendance	
Mohammed Absar	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
Brian Magee	Clinical Oncologist, Christie
Susan Hignett (Vanessa Pope's deputy)	Consultant Breast Surgeon, Mid Cheshire
Adrian Hackney	Director of Commissioning – GM Cancer Services
Wendy Makin	Living With and Beyond Cancer Clinical Director, Manchester Cancer (Guest)
Liz Islam	Vanguard PMO Project Manager (Guest)
Maria Bramley	Consultant Oncoplastic Breast Surgeon at PAHT (Guest)
Anne Armstrong	Medical Oncology Representative, Christie
Clare Garnsey (CG)	Consultant Breast Surgeon, Bolton
Karen Livingstone	Allied Health Professional, Physiotherapist, UHSM
Vanessa Hickson	Macmillan Breast CNS, Tameside
Lucie Francis	Macmillan User Involvement Manager, Manchester Cancer
James Leighton	Senior Pathway Manager, Manchester Cancer
Nicola Remmington	Pathway Manager, Manchester Cancer
Apologies	
Arora Pardeep	Consultant Breast Surgeon, Tameside
Jo Taylor	Patient Representative
Victoria Yates	Patient Representative
Michelle Leach	Macmillan User Involvement Manager, Manchester Cancer
Zahida Saad	Consultant Breast Surgeon, SRFT
Richard Johnson	Consultant Breast Surgeon, UHSM
Mark Pearson	Histopathology Representative
Amar Deshpande	Consultant Breast Surgeon, WWL
Emma Reid	Radiologist, Stockport
Amanda Myerscough	Primary Care Representative

Chandeena Roshanlall	Consultant Breast Surgeon, East Cheshire
Claire E. Gaskell (CEG)	Breast Cancer Nurse, Christie
Clare Brearley	Advanced Nurse Practitioner, Pennine
Vanessa Pope	Consultant Breast Surgeon, Mid Cheshire

Agenda Item	Action
1. Welcome & Introductions MA welcomed everyone to the meeting. Apologies were noted.	
2. Minutes of the last meeting and matters arising not on the agenda:	
i. Greater Manchester Cancer Vanguard transformation project –LWBC - ***Dr Wendy Makin - Living With and Beyond Cancer Clinical Director, Manchester Cancer*** WM presented the following to the Board:  Wendy_Makin_Cancer_Vanguard_Afterca **Summary:** **New Aftercare Pathway**: • To develop an agreed, standardised new approach to 'aftercare' for ***early*** breast cancer. • Collaboration & shared learning between pathway boards • Establish a project team within Breast PB • Breast PB to agree new pathway proposal (outline by end of Sep/Oct 2016) • Formal approval by PB followed by Cancer Vanguard Oversight Board	**ACTION: Board to review the MCIP protocol (once signed off) and agree if feasible to roll out to the whole of Greater Manchester.** **ACTION: To have a nominated Vanguard representative – volunteers to contact MA/NR.**
ii. ABS Audit – summary of findings – ***Miss Maria Bramley, Consultant Oncoplastic Breast Surgeon at PAHT*** MB presented the following to the Board:  Maria_Bramley_North_West_OSC_Data.p **Summary:** **ABS New Patient Clinic Audit Data – North West:** • Of a total of 213 survey responses 22 from the NW • Breast clinics without Radiology: 4.5% NW compared to 20% nationally • Breast Clinics with Ultrasound only: 4.5% NW compared to 14% nationally • Same Day FNAC reporting: 41% NW compared to 20% nationally • Same day core biopsy results: 6 of the 22 respondents (all Pennine) – none nationally. • One Stop Clinics: 68% NW compared to 67% nationally	**ACTION: To re-audit for GM using 1 response from each Trust to prevent bias. MA/NR to send audit template to all trusts.**

- No of patients per clinician:
  - 10-14: 63% NW compared to 60% nationally
  - 15-19: 37% NW compared to 30% nationally
- No of patients per clinic:
  - 15-20: 43% NW compared to 20% nationally (nationally varies widely – overall NW see less patients per clinic compared to national position)
- Extra clinics:
  - daytime: 50% NW compared to 73.5% nationally
  - evening: 41% NW compared to 54% nationally
  - weekend: 18% NW compared to 34% nationally
- Capacity issues affecting ability to provide one-stop clinics:
  - Radiology cover issues: 59% NW compared to 89% nationally

Discussion ensued regarding the One-Stop model being the agreed best model providing results on the same day is not necessarily always best as but providing the results on the same day is not necessarily best for those patients with a diagnosis of cancer.

CG highlighted the issue regarding triaging patients to 'non urgent' yet still having to see these patients within 2 weeks due to the national guidelines. CH confirmed that this is not likely to change going forward due to the national stipulation for all breast referrals to be seen within two weeks. CH highlighted that within Scotland the Two Week Wait stipulation for all Breast referrals is not in place which has resulted with patients waiting up to six months for an appointment and therefore agreement to revert back to such a model is highly unlikely.
MA stated that a further audit for GM will be conducted using 1 response from each Trust to prevent bias.

iii. Minutes of the previous meeting:

From previous minutes: ITEM 2 i - Adjuvant Bisphosphonates in Breast Cancer Management

ACTION: AA to finalise protocol and share with PB. AA stated that this is on-going.
ACTION: CH to confirm viability for receiving commissioning and whether the lack of NICE approval is a stumbling block. CH stated that she will have an answer for the next PB meeting.

ACTION: (carried forward) AA to finalise protocol and share with PB.

ACTION: (carried forward) CH to confirm viability for receiving commissioning and whether the lack of NICE approval is a stumbling block.

From previous minutes: ITEM 6a RRM Guidelines

ACTION: NR to arrange meeting with MA, VH & NR. MA stated that all three are still to meet due to diary conflicts but this will be arranged in the near future.

ACTION: NR to arrange meeting with MA, VH & NR.

Minutes were approved.

iv. Adrian Hackney – Summary of the role of 'Provider Transformation Lead'

Summary paper (provided after meeting):

2016 07 14 Spec Com Transformation I

AH provided a summary (above) and clarified the roles and responsibilities of a nominated Provider Transformation Lead in relation to the transformation of Breast Services across GM.

UHSM as Provider Transformation Lead: AH confirmed that UHSM have been nominated as the Provider Transformation Lead. Written confirmation regarding the finalised roles and responsibilities is in process following which the Provider Transformation Lead will receive written confirmation that the GM role will commence.

Provider Transformation Lead - **Summary of requirements**:

- Manage and deliver the design of the model of care/single service prior to commissioning, to meet the needs of a GM specification, under the leadership of the commissioner (who will retain decision making rights). ***See document for specifics.***

  This will include:

  - **The case for change**: To ensure a collaborative and consistent approach across GM, the development process **must** follow a timetable agreed with the GM Transformation Unit and GM SCOG. ***See document for specifics.***
  - **GM Clinical Standards:** The standards must meet or exceed national NHS England specification standards.
  - **GM Service Access Framework:** Following the approach used in the OG and Urology Cancer transformation this will describe any requirements for access to, or by, other clinical services through co-location, networked or other solutions.
  - **GM Model of Care:** Commissioners are committed to supporting an ambitious design and world class service. The Provider Transformation Lead must describe the maximum number of sites that will deliver the service (**but not which sites**) ***See document for further specifics.***
- Each of the above deliverables will be subject to review and sign off by the Commissioners (through the GM Specialised Commissioning Oversight Group) and subsequently, the GM Joint Commissioning Board.

AH confirmed that he will attend future meetings of the Specialised Commissioning Oversight Group (SCOG) in order to ensure effective communication with the Pathway Board. MA thanked AH for the update and stated that the Pathway Board will ensure collaborative working with the Provider Transformation Lead.	**ACTION: AH to attend future SCOG meetings and provide summary details to the PB.**
3. Objective 1 – Improving outcomes/survival rates **a. Breast Cancer Annual Report and Plan** *– reviewing the objectives for 2016/17 allocating leads and setting a timetable for completion* Discussion regarding the Annual Plan objectives took place, specifically: **<u>Annual Plan Objective 2: Establish an Audit Programme</u> –** the group discussed the viability of attaining the stipulated data. NR confirmed that through direct communication with each trust's Data Managers she has received confirmation that such data items are available. The group agreed to start with the following audit item: - Local recurrence following mastectomy and wide local excision for breast cancer **Secondary Cancer Data -** AS requested for a secondary cancer data item to be included within the audit programme. **<u>Annual Plan Objective 3: Network Clinical Guidelines</u> –** MA stated that a timetable for updates/new guidelines will be compiled and requests for volunteers to act as the Lead for each item will be required. **<u>Annual Plan Objective 5: Living With and Beyond Cancer</u>** – VH clarified that it is VH & KL who attend the LWABC Pathway Board meetings and therefore the LWABC Leads for the Breast PB should be amended. **<u>Annual Plan Objective 6: Screening –</u>** <u>to increase screening uptake in all areas within GM to above the national average</u> – the group discussed the viability of such a target in light of the power of the Pathway Board in relation to Screening. However, the Pathway Board will be able to highlight and influence required change/improvement and therefore the objective is to remain. AH stated that he will invite Jane Pilkington (Head of Public Health for NHS England in Lancashire and Greater Manchester) to the next PB in order to provide a summary of current position and developments. **b. Breast Cancer Quality Standards** *Update on incorporation of headline Nursing Standards* MA confirmed that he has met with CB et al and agreed the headline nursing standards to be incorporated within the Breast Cancer Quality Standards document. This will be shared	**ACTION: NR to send audit template to each Trust's Data Manager to collate Local recurrence data.** **ACTION: MA/NR to finalise audit programme items (including secondary cancer data item) and send to PB for approval.** **ACTION: MA/NR to compile Guidelines Timetable and request for Leads from the PB.** **ACTION: NR to update LWABC Leads within Annual Report document.** **ACTION: AH/NR to invite Jane Pilkington to the next PB.** **ACTION: MA/NR to forward completed Breast Quality**

with the Board once completed. **c. Performance Data** NR provided a summary of the end-of-year position for the Cancer Waiting Time targets across GM:  Breast Performance Report Year End 15-1	**Standards document including Nursing headlines standards to PB.**
4. Objective 2 – Improve Patient Experience **a. Living With and Beyond Cancer Update** *Innovation Fund Project – Secondary Cancer Data (**presentation by Claire Gaskell**)* **DEFERRED TO NEXT MEETING DUE TO CEG BEING UNABLE TO ATTEND MEETING.** **b. Breast Cancer Pre & Post-rehabilitation Project** *Presentation by Karen Livingstone:*  Karen_Livingstone_Audit_re_project.ppt KL provided a summary (above) regarding the Pre & Post rehabilitation project at UHSM which is for 12 months and includes 1 WTE Physio, 1 WTE Admin support and 0.4WTE Lymphoedema support. KL confirmed that the project will not start until backfill has been appointed and effective IT support has been identified. CH assured the Board that the aim of the project is to re-assign money/resources in order to improve service delivery and is not aimed at reducing costs. KL will provide updates throughout the project to the Board. **c. MCIP Update** CH stated that the MCIP programme is progressing well and the new model is near finalisation. The programme will be rolled out to patients diagnosed from September 2016. Pennine Acute Hospitals have been informing patients since January 2016 of the new model and UHSM will write to patients informing them of the change. An Education programme will run from October 2016 – January 2017. CH wished to express her thanks to all those who have assisted with the project. **d. AHP Forum Update** CB was not present to provide an update but has provided a written summary of recent achievements :	**ACTION: (carried forward) CEG to present Innovation Fund Project summary at next PB meeting.** **ACTION: KL to provide regular updates regarding progress of the Pre & Post rehabilitation Project to the PB.**

Nursing Group Update July16.doc VH stated that the last Nursing Group meeting was cancelled due to the high number of apologies and therefore there has been a recent loss in momentum and as a consequence a meeting date for the next meeting has yet to be arranged. VH highlighted that attendance to the meetings is regularly an issue due to the clinical commitments of the members and the lack of support of Trusts to facilitate members' attendance. CG stated that at Bolton the CNSs have been encouraged to attend so was surprised to hear that attendance had been a problem as this has not been communicated within the team at Bolton. MA agreed to send formal communication to all Trusts highlighting the importance of facilitating the attendance of Nurses to the Breast Nursing Group meeting.	**ACTION: MA/NR to send communication to Trust Cancer Leads highlighting requirement of CNSs to attend the Nursing Group meetings.**
e. Patient/User Communication DM highlighted that the next step for the UI Team is to develop a small community of people affected by breast cancer which will feed into the Pathway Board through communication with the current patient representatives. DM stated that this has recently been successful with the Head & Neck Pathway Board and therefore should be able to be replicated but highlighted that impetus was required. The small community will consist of between 10-12 people affected by cancer and will be from various areas within GM in order to ensure effective geographical representation.	
5. Objective 3 – Research and clinical innovation **a. Clinical Trials Update** 2015/16 Year End Breast Pathway Trials report: BREAST CANCER _Trials report_Year-E NG was not present to provide an update but the report was reviewed and discussed. MA congratulated all for assisting in maintaining GM's position as the highest recruiting CRN in England. However, MA highlighted that there are wide variations in trial recruitment across trusts in Greater Manchester as 80% of trial recruitment is provided via UHSM and the Christie whereas 7 trusts failed to recruit more than 20 patients throughout the whole year. Also, GMCRN performance has decreased when compared to last year's performance. VH queried the recruitment figure of 20 for Tameside as she stated the figure should be higher. NR stated she will provide the details of the contact from NIHR so VH can get official confirmation. JL stated that he is due to meet with the NIHR to discuss how best to establish communication between the NIHR and Pathway Boards going forward in order to facilitate improvements to trial recruitment. Potentially, contacts with Research Nurses	**ACTION: NR to send NIHR contact details to VH in order to query Tameside recruitment figures.** **ACTION: JL to provide update following meeting with**

will be ascertained so that these nurses may be able to attend Pathway Board meeting as required in order to highlight upcoming trials etc. JL will provide feedback to NR.	**NIHR.**
b. Targeted Intraoperative Radiotherapy for Early Breast Cancer (TARGIT) *Review of position across GM* MA stated that currently only UHSM and Macclesfield offer TARGIT. BM stated that he completed guidelines a few years ago when this issue was first highlighted but little progression/development has occurred but stated that he would be happy to facilitate future development should the Board support this. BM highlighted that difficulties had been encountered due to the practicalities in setting up in all centres and the lack of viability for this. However, UHSM & Macclesfield have received positive feedback from patients who have received TARGIT.	**ACTION: MA/Board to discuss with Provider Transformation Lead (once confirmed).**
c. Clinical Research Update in Breast Cancer Event MA stated that following discussions relating to the barriers to clinical trial recruitment and as per Objective 4 within the Annual Plan 2016/17 a "Clinical Research Update in Breast Cancer" event involving local and national speakers will be held and is provisionally secured for 5th October 2016, 1.30pm - 5pm at the Auditorium, The Christie (capacity 134). NR will send a 'Hold the Date' meeting invite to all members of the PB which will be followed by an agenda once confirmed. MA confirmed that CPD accreditation points will be sought so that all attendees may receive CPD points for attendance.	**ACTION: NR to send meeting invite to hold the date for the Clinical Research Update in Breast Cancer event. Agenda to be forwarded to all once confirmed.**
6. Objective 4 – Improving and standardising high quality care across the whole service	
a. Radiology Update: MC-H stated that very little change is required to the GM Imaging guidelines following the recent NICE Imaging Guidelines update but MC-H will update the guidelines document and forward to NR for upload onto the MC website.	**ACTION: MC-H to update the GM Imaging guidelines and forward to NR for upload onto the MC website.**
b. Pathology Update: MP not present to provide update.	
c. Updated NICE guidelines: Click_here MA requested for all to review.	
7. Any Other Business	
i. Provision of treatment locally: CH stated that a recent MCIP meting a patient representative stated her surprise at hearing that breast cancer treatment was available at NMGH (which is close to where she lives) as she had been sent to UHSM. CH stressed that the patient was very happy with her treatment at UHSM but did state that the travel was a significant strain	**ACTION: All to feedback to trust that treatment location options**

to her and therefore if she had been informed that treatment was available locally she would definitely have opted for this. The patient also stated that she was only offered Radiotherapy at Christies @ Oldham once she raised the question herself as to whether she could go there for treatment as opposed to the main Christie hospital due to being closer – she was not automatically offered this. At no point was she referred back to NMGH for follow-up etc. and remains a patient of UHSM. CH wished to highlight to the Board that it is imperative that all patients are always informed of treatment location options. MC-H stated that possibly the treatment the patient was having may have not been available at NMGH and may have only been available at UHSM, however, the follow up care should have been referred back to NMGH for ease of access for the patient. Also, if this was the reason as to why the patient was sent to UHSM as opposed to NMGH she should have been made aware of this. All agreed to feedback to their trusts.	**are to be shared with all patients. All to confirm at next PB that this is standard procedure.**
8. Date of next meeting: Wednesday 21st September 2016, 9am - 12pm, Meeting Rm 6, Trust Administration, The Christie Site Map: click here	