

## GM Cancer Breast Pathway Board Meeting Minutes

**Date of Meeting:** 21<sup>st</sup> March 2018

**Time of meeting:** 2:00-4:30pm

**Venue:** The Christie – Trust Headquarters – Room 6

### Meeting Attendance

Name	Representation
Mohammed Absar (MA)	PAHT, Consultant surgeon
Deborah Watts (DW)	Patient representative
Joanne Taylor (JT)	Patient representative
Victoria Yates (VY)	Patient representative
Amar Deshpande	WWL, Consultant surgeon
Clare Brearley (CB)	Northern Care Alliance, Breast care nurse
James Harvey (JH)	UHSM, Consultant surgeon
Nikitas Dimopoulos (ND)	Consultant Breast Surgeon
Vanessa Pope (VP)	MCHT, Consultant surgeon
Kathryn Place (KP)	WWL
Karen Livingstone (KL)	Specialist breast care physiotherapist
Clare Garnsey (CG)	Bolton, Consultant surgeon
Vanessa Hickson (VH)	TGH, Breast care nurse
<b>In attendance</b>	
Rebecca Price (RP)	Greater Manchester Cancer Pathway Team
Coral Higgins (CH)	Greater Manchester Cancer Commissioning team
Melanie Atack (MA <sub>T</sub> )	Greater Manchester Cancer/ Macmillan user
Jane Ashworth	Greater Manchester Cancer – Minute Taker
<b>Apologies</b>	
Gillian Hutchinson (GH)	MFT, Consultant Radiologist and Rep for Screening
Chandeena Roshanall	ECNHST, Consultant surgeon

## 1. Minutes of the last meeting

The minutes of the last meeting were accepted as a true and accurate record.

## 2. The GMC cancer Plan / Pathway board changes

Discussion summary	<p>Progress updates were given for all work programme items and all outstanding work noted. Attached work programme document has been updated to reflect this.</p> <p>Prior to the group meeting MA communicated his desire to redesign the way the board works on future projects. MA posed that by forming working subgroups that will be responsible for multiple work objectives that are detailed in the boards work programme.</p> <p>Rationale behind the plan for the board to form subgroups was discussed at length.</p> <p>The group noted that the board had previously been split into a similar subgroup structure, and this model was felt to be unsuccessful at the time.</p> <p>The group acknowledged that the reason this model may not have been historically successful could have been down to the previous group membership and lack of clear objectives that were set for the groups to work towards leading to no accountability for delivery.</p> <p>The group concluded that a new model should be trailed and reviewed.</p> <p>Leads and co leads for each subgroup were appointed.</p> <p>JL informed the board that GM Cancer will support each subgroup with facilitation and set up of meetings with a view to tailing off this level of support allowing the groups to function independently in the upcoming months.</p>
Actions and responsibility	<p>RP is to make contact with each lead to discuss the level of support the group will need and confirm each group's objectives.</p>

## 3. Recovery Package Pathway mapping event feedback

Discussion summary	<p>RP informed those of the board that did not attend that a recovery package pathway mapping exercise meeting had now taken place for the breast service and a summary report is due for circulation imminently.</p> <p>All those who attended fed back that the event was extremely useful and welcome the chance to review the summary report once it is available.</p>
Actions and responsibility	<p>RP to circulate the Mapping event summary report to the pathway board.</p>

## 4. Stratified Pathways document

Discussion summary	<p>The Stratification of Follow up/Aftercare for patients with Breast Cancer in Greater Manchester document, which was circulated for comment prior to the meeting, was brought back to the pathway board for final ratification.</p> <p>As the final document has now been accepted by the board, the board have now agreed to circulate this throughout relevant teams within their home trusts to begin plans for implementation. Feedback to be provided at each PWB meeting to chart</p>
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	progress.
Actions and responsibility	RP to send document to Lindsey Wilby for circulation at Recovery Package implementation planning group meetings.

### c) Update on business cases for:

Discussion summary	<p>Adjuvant Bisphosphonates</p> <p>CH updated the board on the progress made to the Greater Manchester Adjuvant Bisphosphonates services. CH informed the board that the service will be clinically led and overseen by the oncologist at the Christie. Due to capacity issues the infusions will be administered through collaborative working with the local IV therapy teams across GM. Funding has been approved for 2 years with a view to scope within this time the effectiveness / efficiency of this service. Local Breast teams have been asked to look at ways they can identify patients that would be eligible for this service. (Non-chemo patients as the Christie have confirmed they will be able to identify these patients). The service is due to begin seeing its first patients in around 2-3 months' time.</p> <p>Anastrozole</p> <p>CH told the Board that the task &amp; finish group is continuing to meet and the business case is still under development.</p>
Actions and responsibility	CH to continue to keep board updated with progress re: Anastrozole & Adjuvant Bisphosphonates

## 6. Education Event

Discussion summary	<p>MA thanked all those who attended and facilitated on the day of the education event.</p> <p>Special thanks were noted for GHU for her time spent and her efforts in pulling the day together so smoothly.</p> <p>The board noted the feedback received and have agreed to use the summary document when planning the next education event to inform better planning arrangements.</p>
Actions and responsibility	None

## 7. One stop clinics at WWL

Discussion summary	<p>Amar Deshpande informed the board of a current issue WWL are facing resulting in that currently only 80% of patients are able to be seen in one stop clinics. This is due to radiology staffing and annual leave issues. AD informed the board that discussions are being had with radiology to resolve this issue and will inform the board of any updates regarding this.</p> <p>MA assured AD that the board will aim to support WWL in helping to resume</p>
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	a near 100% of patients being seen within the one stop service.
Actions and responsibility	None

## 8. Research and clinical innovation

Discussion summary	Breast is the 3 <sup>rd</sup> highest overall recruiter to trials, however NB pointed out that not all trusts are recruiting, and not all trials are being recruited to.
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## 9. Clinical Team/ Project Updates:

- i. **Radiology Update** (MC-H)/GH)
- ii. **Pathology Update** (MP)
- iii. **MCIP Update** (CH)
- iv. **AHP Forum Update** (VH)

Discussion summary	<p><b>Radiology update – No update.</b>(Gillian Hutchinson)</p> <p><b>Pathology update – No update.</b>(MilesHowe)</p> <p><b>AHP Forum Update</b> –VH chaired that last AHP forum that took place on 24<sup>th</sup> November. Representation from MCHT, SHH &amp; PAHT was unavailable due to an organised away day. Recovery package delivery updates were recorded from each trust which will be reflected in the minutes of the meeting. Karen Livingstone gave a useful presentation regarding the Breast rehabilitation project which was praised by all who attended.</p> <p>Discussion was had around the poor attendance at the meetings and plans to address this with the group are to be thought out by VH prior to the next meeting on 15<sup>th</sup> June. VH hopes to secure a regular venue for the meetings in the hopes that this will help with attendance.</p> <p><b>100k Genome project updates</b> To be explored further.</p>
Actions and responsibility	GU to find Radiology deputy.

## 10. Any other business

Discussion summary	<p>Q3 NHIR research report to be circulated to the board.</p> <p>CB informed the board that she had received the news that there is a possible risk in that Wythenshawe may no longer be able to perform delayed reconstructions. Theatre space and funding being the reason for this.</p>
Actions and responsibility	<p>CB has agreed to keep the board informed of the updates regarding this.</p> <p>MA will make contact with colleagues at Wythenshawe to discuss this matter further and highlight any risk to delivery of this service to GM cancer senior team</p>

## 11. Meeting dates for 2018

- ~~Wednesday 24th January 2018 – MR 6 Christie – 2pm-4:30pm~~
- ~~Thursday 1st February 2018 – Education event (All day event)~~
- ~~Wednesday 21st March 2018 – MR 6 – Christie – 2pm-4:30pm~~
- Friday 18th May 2018 – MR 3, 4, 5 & 6, – Christie - 2pm-4:30pm
- Monday 2nd July 2018 - MR 6 – Christie - 2pm-4:30pm
- Wednesday 12th September 2018 – MR 6 – Christie - 2pm-4:30pm
- Wednesday 7th November 2018 – MR 6 – Christie - 2pm-4:30pm