



**NICaN Breast Regional Group
Tuesday 23rd March, 2010
Board Room, Admin Building, KHP**

In attendance:

Mr Stephen Kirk
Ms Bridget Tourish
Dr Michael Reilly
Ms Pat McClelland
Dr Graeme Crawford
Dr Grainne McCusker
Ms Glenda Brown
Ms Ruth Smith
Dr Jenny Sommerville
Dr Lisa Ranaghan
Ms Sam Sloan
Dr Mariead Duffy
Ms Danny Sinclair
Ms Sigi Refsum
Ms Sarah Williamson
Mr Stuart McIntosh
Ms Eileen Deery
Dr Ursula McGivern
Dr Colin James
Dr Jackie Clarke

Apologies:

Mr Seamus McGoran
Ms Cara Anderson
Mr Robert Kennedy
Dr Alison Clayton
Ms Mary Brown
Mr Michael Whiteside
Dr Angela Garvey

Item number	Summary of key points / outcomes/ action	Identified Party & date
	<p>Welcome and Introductions Mr Kirk welcomed everyone and advised that he would be chairing the meeting as Mr McGoran had to send his apologies due to other commitments. Introductions were made and apologies noted as recorded above. A special welcome was extended to Dr Ursula McGivern who was in attendance to present data from the 'timelines from surgery' audit'</p>	

<p>BG-0310-01</p>	<p>Minutes and matters arising from meeting 9/12/09 The minutes were agreed as a true and accurate reflection of the meeting. It was noted that the majority of matters arising would be covered within the agenda, however the following update was provided.</p> <p>Cancer Services Framework (CSF) Ms Tourish provided update and it was noted that the public consultation period had now closed. She advised that a number of comments in relation to the Breast standards had been received from this process, however highlighted that a lot of the comments related to ‘wording’ of the standards. It was noted that comments need to be reviewed and a response sent to the DHSSPS by 19th April, 2010.</p> <p>Mr Kirk sought agreement from the group in relation to the process for review of comments and submission of a response.</p> <p>Action: It was agreed that Mr Kirk and Ms Tourish will meet to review all comments and a response will be submitted from Mr Kirk as Clinical Lead. Group members to be consulted if necessary and will receive copy of formal response.</p>	<p>Mr Kirk/ Ms Tourish April 10</p>
<p>BG-0310-02</p>	<p>Core membership of regional group Mr Kirk advised that following reconstitution of the group, good representation both geographically and via professional discipline had been secured. However, following completion of the group attendance list for peer review, it has become apparent that there is a need for MDT leads to nominate deputies to ensure that the MDT/Trust will always be represented at regional meetings.</p> <p>Actions: The group agreed that all MDT leads should nominate a deputy. Correspondence to be sent from Mr McGoran requesting nominations.</p>	<p>Mr McGoran/ Ms Tourish April 10</p>
<p>BG-0310-03</p>	<p>Red Flag Referrals Mr Kirk gave a presentation in relation to a study which was completed at SE Trust highlighting the challenge in relation to the ‘red flag’ system as the majority of GPs continue to refer patients as ‘urgent’. He highlighted that the aim of the referral system for Breast should be to ensure that all patients are seen within a two week period.</p>	

<p>BG-0310-04</p>	<p>It was noted from the data presented that the GP community are very effective in picking up a lump; however specificity of clinical findings was poor. Mr Kirk highlighted that this agenda item was for information purposes as ultimately no changes can be made to the 'red flag' system, however the data would suggest that there is little benefit in triaging referrals for Breast.</p> <p>Ms Williamson appreciated comments from Mr Kirk, however she highlighted the remaining need to continue to use 'red flag' terminology to benefit patients from the cancer waits aspect ensuring that all patients are seen and treated with the assigned timelines.</p> <p>Review of follow up mechanisms Ms Tourish provided update. It was noted that a sub-group has been established to include surgery, nursing, oncology, patient representation and imaging. The group is chaired by Mr Robert Kennedy.</p> <p>Ms Tourish advised that the sub-group had a very useful inaugural meeting on 10th March where a brainstorming exercise was completed. She highlighted that following this meeting members are tasked with giving thought to key considerations such as which patients should be followed up; why should these patients be followed up; how often and who should lead the follow up and what stratification processes should be followed.</p> <p>Action: Further meeting to be arranged for April/May and group to kept informed of progress.</p> <p>Ms Tourish also advised that the network is hosting a 'Post Cancer Treatment Follow-Up workshop' on 20th April, 2010, centre for rehabilitation research, University of Ulster which some colleagues may be interested in attending.</p> <p>Action: Ms Tourish to share details with core members of the group. Registration process is via www.cancerni.net.</p>	<p>Follow-up sub-group</p> <p>Ms Tourish</p>
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<p>BG-0310-05</p>	<p>Audit Presentations A number of audits were presented at the meeting. Brief descriptions are provided below; however please see attached copies of presentations for further details.</p> <p>1) Patient Information Audit – Ms Danny Sinclair Ms Sinclair presented results from an audit carried out in relation to implementation of the Breast Information Pathway. It was noted that the audit was based on 35 standard and quality indicators and information was gained via patient and staff focus group, review of case notes and patient questionnaires. 15 patients from each trust participated in the audit.</p> <p>During the audit presentation, it was highlighted that 6 patients did not recall receiving surgery and when case notes were checked, surgery was indeed their treatment modality.</p> <p>Mr Kirk raised concerns over the validity of data submitted by these patients and suggested that this may invalidate the study.</p> <p>Action: Following much discussion, it was agreed that Ms Sinclair should revisit the audit data to review the validity of some of the information provided by patients to ensure reliable interpretation of the questionnaire.</p> <p>Ms Sinclair discussed the key recommendations for trusts from the audit and advised that trust specific data will be made available via trust leads which all MDTs should review and include agreed improvements within work plans.</p> <p>Action: MS Sinclair to share trust specific data with leads as soon as possible. The group agreed commitment to support network wide recommendations.</p> <p>2) Treatment times for adjuvant therapy following surgery for breast cancer Dr Ursula McGivern presented audit data which had been completed by herself and Dr Judith Carser. Dr McGivern provided information on the evidence base for treatment times to include NICE, SIGN and a recent study published in the BMJ.</p>	<p>Ms Sinclair</p> <p>Ms Sinclair All Ongoing</p>
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	<p>The following conclusions were noted from the audit completion:</p> <ul style="list-style-type: none"> • Few patients receive adjuvant radiotherapy or chemotherapy within targets set by NICE • Starting radiotherapy takes longer in general than the initiation of chemotherapy, most likely reflecting the radiotherapy planning process • Radiotherapy is delayed further if patients are initially referred to medical oncology <p>Mr Kirk expressed thanks to Dr McGivern for a very useful and informative piece of work.</p> <p>Action: It was agreed that it would be useful to consider additional aspects within the audit and sub-analyse a bit further. It was suggested to consider unit activity and data regarding timelines from surgery to decision at MDT. It was agreed that further analysis should be completed and then a re-audit done.</p> <p>Action: Data to be presented gain to the group in approximately 1 years time following completion of re-audit.</p> <p>Ms Tourish to include on work plan for the group.</p> <p>3) MDT workload activity audits Workload activity audits were presented by all MDT leads/deputy in relation to the following:</p> <ul style="list-style-type: none"> • %node positive patients undergoing axillary node clearance by MDT • Mastectomy V Breast Conservation surgery rates by MDT <p>Note: Please see attached presentations for further information on these audits.</p> <p>Action: Following discussion of the audit data, it was agreed that there is a need to develop a standardised reporting template for regional audit as each team presented data differently.</p> <p>Ms Tourish to include in work plan for the group.</p> <p>Dr Ranaghan encouraged the use of the CAPPs system in all units which ultimately will aid regional audit.</p>	<p>Dr Clarke/ Dr McGivern</p> <p>Ms Tourish</p> <p>Ms Tourish</p>
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<p>BG-0310-06</p>	<p>Clinical trials Dr James provided update advising that a copy of the regionally agreed list of trials together with a summary report had been circulated to each MDT lead and cancer manager.</p> <p>Dr James discussed the summary report with the group, highlighting that the key challenge is that all trials are focused in the cancer centre, however good attempts are being made at unit level in opening the Poetic trial. It was noted that Southern Trust has opened the Poetic trial in January and have recruited 5 patients to date.</p> <p>He also highlighted that there is resource issues at unit level in relation to clinical research nurses and this in turn restricts access to trials at unit level.</p> <p>Action: It was agreed that there is no immediate remedial action. The group agreed that there is now a real commitment to opening trials and increasing trial accruals. It was agreed that work needs to continue in highlighting resource issue with clinical research nurses and in increasing trials at unit level.</p>	<p>Dr James/ MDT Leads Ongoing</p>
<p>BG-0310-07</p>	<p>Peer Review Ms Tourish provided update advising that all network evidence files had been furnished to cancer managers and discussed the requirements for the formal visits in April. She sought any queries from the teams in relation to peer review, however it was noted that all teams were progressing and happy with progress being made.</p> <p>Action: updates to be provided at future meetings.</p>	
<p>BG-0310-08</p>	<p>DRAFT Annual Report 09/10 and Work Plan 10/11 Ms Tourish discussed the DRAFT annual report and work plan and commended the group on the good work completed in 09/10.</p> <p>She highlighted the need to agree regional audit topics for inclusion within the work plan, advising that the group agreed at the last meeting that an audit should be carried out in relation to Sentinel Node Biopsy.</p> <p>Comments were thought from the group as to what audit topics should be suitable and one suggestion was that of pre-operative diagnosis.</p>	

	<p>Action: Copy of annual report and work plan to be circulated for comment and group members to submit suggestions for audit.</p> <p>Any other business Establishment of Metastatic Spinal cord Compression Group (MSCC) Ms Tourish provided update advising the group that a regional network for MSCC has been established, which is chaired by Dr Hoe O’Sullivan. Key priorities for the group were highlighted and it was noted that a workshop is being held on 19th May, 2010. To register go to www.cancerni.net/msccworkshop</p> <p>Dates for future meetings Discussion took place in relation to appropriate days and venues for regional meetings. It was agreed to canvass suggestions regarding this,</p> <p>Action: Ms Tourish to e-mail all members.</p> <p>It was agreed that the next meeting will be held on Wednesday 23rd June, 2010, 2pm.</p>	<p>Ms Tourish All</p> <p>Ms Tourish</p>
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