



**NICaN Breast Regional Group
Wednesday 9th December, 2009
Conference Room, Bretten Hall**

In attendance:

Mr Stephen Kirk
Ms Gail Malmo
Ms Bridget Tourish
Dr Michael Reilly
Mr Michael Whiteside
Ms Pat McClelland
Dr Graeme Crawford
Dr Grainne McCusker
Ms Anne Treanor
Ms Diane Stronge
Ms Ruth Smith
Ms Alison Porter
Dr Jenny Sommerville
Dr Alison Clayton
Dr Lisa Ranaghan

Apologies:

Mr Seamus McGoran
Ms Cara Anderson
Ms Sam Sloan
Mr Stuart McIntosh
Mr Robert Kennedy
Mr Stephen Hall
Dr Colin James
Ms Mairead Duffy
Ms Mary Brown
Ms Glenda Browne
Dr Jackie Clarke

Item number	Summary of key points / outcomes/ action	Identified Party & date
<p>BG-1209-61</p>	<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.</p> <p>Minutes and matters arising from meeting 20/10/09 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 updates were provided.</p>	

	<p>Cancer Services Framework (CSF) Ms Tourish provided update and it was noted that the consultation process for the framework document had commenced and the closing date for responses is 5th February, 2010. It was noted that meetings are underway via NICaN in order to gain patient and public feedback on the document.</p> <p>Ms Tourish advised that a link to the CSF had been forwarded to the group and that any comments will be welcomed.</p> <p>Action: Ms Tourish to keep group updated on progress.</p> <p>Review of follow up mechanisms Ms Tourish recapped on discussions at the last meeting and highlighted that there was an agreement for a sub-group to be established to take forward this piece of work. She advised that Ms Mills (Programme Coordinator, Cancer Health Services Research Group, QUB) who attended the last meeting as an observer had been in contact asking if members would be happy to complete a questionnaire in relation to current review mechanisms and in particular thoughts on how such practices could be changed and the challenges associated with this.</p> <p>Ms Tourish and Mr Kirk highlighted that there would be real value in a partnership approach to this piece of work.</p> <p>Action: Group agreed to work with QUB in the completion of questionnaires to effectively inform baseline.</p> <p>Ms Tourish to set up sub-group meeting in the New Year to progress this work and updates to be provided at the regional meetings.</p> <p>Update on timelines from surgery audit Ms Tourish provided update on behalf of Dr Clarke and it was noted that work on this audit is well underway and will hopefully be available for presentation at the next regional group meeting.</p>	<p>Ms Tourish Ongoing</p> <p>Ms Tourish/sub-group members Ongoing</p>
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<p>BG1209-62</p>	<p>Clinical Management Guidelines (CMGs) Mr Kirk advised that these documents have been in development for a number of months and were discussed in detail at the last meeting as well as e-mail consultation.</p> <p>He advised that the key challenges identified at October's meeting was in relation to the duplication between Surgery and Oncology guidelines and that a sub-group was established to consider this and an amended document had been circulated. It was noted that both imaging and pathology guidelines were largely agreed at the previous meeting.</p> <p>Each lead author highlighted any amendments that had been made since the last meeting following consultation with colleagues.</p> <p>Action: All clinical management guidelines were formally signed off subject to minor amendments. Ms Tourish to circulate final copies of documents to cancer managers for inclusion in peer review evidence packs and to all MDM leads for discussion at their MDM and implementation.</p> <p>Process for implementation of CMGs Ms Tourish highlighted that once the final CMGs have been circulated to MDM leads, the MDT should meet to review the CMGs and discuss implementation.</p> <p>Ms Tourish advised that discussion in relation to the CMGs should be recorded in the minutes and include in evidence folder.</p> <p>She also highlighted that the MDTs should document any areas where there will be a required change to local practice.</p> <p>Action: All MDM leads to discuss implementation of CMGs with MDTs and document any changes in local practice for implementation.</p>	<p>Ms Tourish Jan, 2010</p> <p>MDM Leads Jan 2010</p>
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<p>BG-1209-63</p>	<p>Regionally agreed list of clinical trials Ms Tourish advised that following on from discussion at the last meeting, the group need to agree list of clinical trials as a region.</p> <p>It was noted that it is a peer review requirement that In their annual report, each MDT list the NSSG approved trials and should make a statement against each i.e. open / not open and where a trial is not open, a reason should be provided (e.g. radiotherapy trial so centre only; no trials nurse etc).</p> <p>She also advised that the MDTs annual report should include a statement from the Clinical Trials Lead (Dr Colin James) highlighting the accrual rate of each trial and whether the trials unit consider it to be low / medium / high. This statement should also record any issues affecting accrual e.g. patchy oncology input to MDT, no trials nurse etc.</p> <p>Action: Ms Tourish tabled current list of clinical trials and these were agreed by the group as the regional list.</p> <p>Ms Tourish to liaise with Dr James regarding statements for inclusion in annual reports.</p> <p>Northern Trust to confirm clinical trials lead within their trust to Ms Tourish as soon as possible.</p>	<p>Ms Tourish Jan 09</p> <p>Ms McClelland/ Mr Whiteside</p>
<p>BG-1209-64</p>	<p>Agreed list of NSSG Audits Mr Kirk advised that a number of suggested audit topics were included within the peer review evidence booklet; however there was not an expectation that data would be available on all topics for this round of peer review. It is however a requirement that the group has an agreed list of regional audits and that these would need to be presented at the next regional meeting.</p> <p>Following discussion, the group agreed the following as regional audit topics:</p> <ul style="list-style-type: none"> • % node positive patients undergoing axillary node clearance in total and by MDT • Mastectomy V Breast Conservation surgery rates by MDT • Breast patient information pathway audit • Timelines from surgery audit 	

<p>BG-1209-66</p>	<p>Action: All MDM leads to attend next meeting and present workload data. Audit to be over 1 calendar year.</p>	<p>MDM Leads/ Ms Tourish March, 2010</p>
	<p>Patient Information Audit Update Ms Tourish provided update on behalf of Ms Sinclair. It was noted that the results of the audit will be presented at the next regional meeting. She highlighted that the suggested approach is that all MDM Clinical Leads will be asked to discuss the audit outcomes at their MDMs and work with identified trust leads in devising a quality improvement plan.</p>	
	<p>Action: The group agreed the suggested approach. Audit to be presented at meeting in March, 2010.</p>	<p>Ms Sinclair/ MDT Leads</p>
	<p>Red Flag Audit Data Dr Ranaghan presented further data in relation to 'red flag' referrals. The data was discussed with the group and Dr Ranaghan highlighted that the data suggests that there is no benefit in relation to time to treatment for patients on a 'red flag' system.</p>	
	<p>Mr Kirk highlighted the challenges with the 'red flag' system in Breast as clinicians generally feel that all patients should be seen within 4 weeks regardless of the referral source.</p>	
	<p>Action: Mr Kirk to present paper on 'red flag' referrals at the next meeting as it was felt that further discussion was required.</p>	<p>Mr Kirk March, 2010</p>
<p>CAPPs System Dr Ranaghan showed a number of screen shots from the CAPPs system from the Belfast Trusts MDM and highlighted the benefits of utilising the system. It was noted that when fields were adequately populated, a variety of clinical data could be obtained to include no of patients discussed at MDT and source of referral; no of patients receiving different treatment modalities and surgical data. Full use of the CAPPs system was encouraged.</p>		
<p>Peer review – Network Documents Ms Tourish highlighted that a number of key network documents would be prepared for inclusion within the evidence pack for peer review.</p>		

<p>BG-1209-67</p>	<p>It was noted that these documents include NSSG attendance record; MDT Configuration; list of agreed clinical trials; list of agreed regional audits; copy of group terms of reference; and a copy of agreed CMGs.</p> <p>Ms Tourish advised that the NSSG attendance record would be completed following this meeting, however it will be clearly noted that the group was reconstituted and thus changes in membership occurred.</p> <p>She projected a copy of the MDT configuration document, highlighting that all population figures had been agreed by NISRA. It was noted that the MDT configuration document includes a copy of the inter-trust transfer protocol regionally agreed minimum dataset and a copy of the minutes highlighting formal sign off of the dataset.</p> <p>She also projected a copy of the terms of reference (TOR) which had been updated following new core members being confirmed.</p> <p>Action: The MDT configuration and updated TOR was formally signed off by the group.</p> <p>Feedback from pre visits Ms Malmo sought comment from the group in relation to feedback from their pre visits and overall teams felt that their pre-visits had gone well and was a useful exercise. Key learning from the visit was to not 'under sell' the team and to highlight any deficiencies.</p> <p>Key themes and next steps Ms Malmo advised that overall, the peer review team felt that excellent progress had been made and there are a number of examples of good practice.</p> <p>Ms Malmo also outlined arrangements for the 2nd pre-visit in March, 2010 and the remaining peer review timetable.</p> <p>NSSG Work Plan Ms Tourish reviewed the 09/10 work plan with the group and extended thanks to everyone for all their hard work and commitment on delivering the priorities within the 09/10 work plan.</p>	
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	<p>She also highlighted a number of areas which could be priorities within the 10/11 work plan.</p> <p>Action: Agreed that an audit in relation to % of patients undergoing sentinel node assessment for region and by MDT should form part of the 10/11 work plan.</p> <p>Ms Tourish to draft 10/11 work plan and share with the group.</p> <p>Meeting close and dates for future meetings: Mr Kirk closed the meeting by thanking everyone for their attendance and participation.</p> <p>Future meeting dates *</p> <ul style="list-style-type: none">• Tuesday 23rd March, 2010, Belfast Venue• Wednesday 8th September, 2010, Antrim Venue• Tuesday 7th December, 2010, Belfast venue <p>*Venues to be confirmed.</p>	<p>Ms Tourish</p>
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