Kent and Medway Cancer Collaborative

Breast Tumour Site Specific Group meeting
Tuesday 3rd November 2020
MS Teams
09:00 – 12:00

Final Meeting Notes

Present	Initials	Title	Organisation
Seema Seetharam **(Chair)**	**SS**	Consultant Breast Surgeon	DVH
Teresa Sewell	**TS**	Breast MDT Coordinator	DVH
Pawel Trapszo	**PT**	Consultant Breast Surgeon	DVH
Sylvia Hurley	**SHu**	Breast CNS	DVH
Michelle McCann	**MMc**	Operational Manager for Cancer and Haematology	DVH
Layloma Hamidi-Latifi	**LHL**	Specialty Doctor	DVH
Chris Hopkins	**CH**	Cancer Compliance Manager	EKHUFT
Olena Dotsenko	**OD**	Consultant Histopathologist	EKHUFT
Bana Haddad	**BH**	Macmillan GP & Clinical Lead for Living With and Beyond Cancer	KMCA/Medway CCG
Amara Arinzeh	**AA**	Data Analyst	KMCA
Claire Mallett	**CM**	Programme Lead – Living With & Beyond Cancer	KMCA
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Colin Chamberlain **(IT)**	**CC**	Admin Support	KMCC
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Karen Glass **(Minutes)**	**KG**	Administrative & Support Officer	KMCC & KMCA
Rebecca Greene	**RG**	Staff Nurse	KIMS
Joanna Bonnett	**JB**	Macmillan GP Thanet	Macmillan
Samantha Tomlin	**ST**	SMART Clinical Sister	MFT
Louise Black	**LBl**	Metastatic Breast CNS	MFT
Ceepa Vijayamohan	**CV**	Macmillan Breast Cancer CNS	MFT
Savita Honakeri	**SHon**	Consultant Histopathologist/Breast Lead	MTW
Catherine Harper-Wynne	**CHW**	Consultant Medical Oncologist	MTW/DVH
Andrew Lindsey	**AL**	Breast Unit Manager	MTW
Julia Hall	**JH**	Consultant Clinical Oncologist	MTW
Carys Thomas	**CT**	Consultant Clinical Oncologist	MTW
Russell Burcombe	**RBu**	Consultant Clinical Oncologist	MTW

Charlotte Abson	**CA**	Consultant Clinical Oncologist	MTW
Maher Hadaki	**MH**	Oncology Consultant	MTW
Jennifer Weeks	**JW**	Breast Physician	MTW
Sarah Egan	**SE**	Macmillan Breast Specialist Radiographer	MTW
Simon Mackey	**SM**	Consultant Plastic, Reconstructive and Aesthetic Surgeon	QVH
Anita Hazari	**AH**	Consultant Plastic Surgeon	QVH
Stefano Santini	**SSa**	Macmillan GP	West Kent CCG
Liz Simmons	**LS**	**Patient Representative**	
Vanessa Hardy	**VH**	**Patient Representative**	
Christine Howarth	**CH**	**Patient Representative**	
Liz Taffs	**LT**	**Patient Representative**	
Lin Douglas	**LD**	**Patient Representative**	
Apologies			
Louise Barker	**LB**	Breast Care CNS	EKHUFT
Elizabeth Sharp	**ES**	Consultant Surgeon	EKHUFT
Eleanore Quadri	**EQ**	Macmillan Chemotherapy Nurse Consultant	EKHUFT
Sue Drakeley	**SD**	Clinical Trials Practitioner	EKHUFT
Serena Gilbert	**SG**	Performance Manager	KMCA
Anna Howard	**AH**	Office Manager – Breast Screening	MFT
Rupika Mehta	**RM**	Consultant Radiologist	MFT
Deborah Allen	**DA**	Breast Consultant Radiologist	MTW
Fiona Anderson	**FA**	Breast Care CNS	MTW
Jennifer Glendenning	**JG**	Consultant Clinical Oncologist	MTW
Sona Gupta	**SG**	Macmillan GP	Newton Place Surgery
Susannah Lowe	**SL**	Cancer Services Manager	Brighton and Sussex
Elizabeth Simmons	**ES**	Patient Representative	

Item		**Discussion**	**Agreed**	**Action**
1.	**TSSG Meeting**	**<u>Introductions</u>** • SS welcomed the attendees to the meeting. SS confirmed this was the first full		

		meeting since November 2019 when SS also took over as the Breast TSSG Chair. SS explained they have had a few mini TSSG meetings during Covid with a selected group of attendees across the Trusts which has been very useful. • If you attended this meeting and are not recorded in the attendee list please contact karen.glass3@nhs.net directly and she will amend the list accordingly. **Apologies** • The apologies are listed above. **Review previous minutes** • The previous mini meeting minutes from the 13th August were reviewed and agreed as a true and accurate record. **Review action log** • SS highlighted the specific actions outstanding and provided an update on each of them. **Action** – KG to update the action log from the previous meeting together with todays actions and to circulate to the group with the final minutes.		**KG**
2.	**Cancer Alliance**	**Update by Claire Mallett** • CM provided an update on the Cancer Alliance work including the aims for the phase 3 cancer recovery to March 2021 and what that will look like going into a second lockdown. CM added the current expectation is to keep the services running as much as possible. • CM highlighted the overall aims of the cancer recovery phase are to: - i) Restore urgent cancer referrals at least to pre-pandemic levels ii) Reduce the backlog at least to pre-pandemic levels on 62-day and 31-		**KG circulated this presentation to the group on the 19.11.2020**

		day pathways iii) Ensure sufficient capacity to manage increased demand moving forward, including follow up care • CM explained the support to deliver the overall aims included: - i) Supporting a system-first model for recovery through Cancer Alliances ii) Tackling inequalities, further impacted by Covid iii) Ensuring patients and staff have confidence that services are Covid protected iv) Locking in innovations such as remote working v) Ensuring the right workforce is in place vi) Re-starting Long Term Plan activity to support recover vii) Effective communications across the wider cancer community • CM elaborated on supporting the Long-Term Plan by continuing to support rapid diagnostic services, the targeted lung health check programme, personalized care and support services. • CM mentioned work has been progressing during Covid in relation to the Colorectal and Prostate remote monitoring pathways. CM added breast remote monitoring is now live with a couple of trusts waiting to move forward with implementing the stratified pathways. CM confirmed the alliance is happy to support this. • CM referred to working on treatment summaries in particular for prostate which they are awaiting imminent sign off. CM anticipated this moving forward for breast as well. • CM mentioned in terms of the current Early Diagnosis initiatives they have the VISS pilot at DVH, Rapid Lymphadenopathy pilot in EKHUFT and the open access Breast clinic due to start in West Kent in the autumn. CM added the straight to test pathways are focused on Prostate, Colorectal, Lung and UGI. CM highlighted the PCN webinars which are taking place to support GP's.		

3.	**Kent & Medway Breast Data**	**<u>Update by Amara Arinzeh</u>** • AA provided a detailed update on the breast performance data across Kent & Medway. • AA highlighted the 2ww weekly referral numbers comparing the data for 2019 with 2020. AA added the 2ww referral numbers for 2020 are above that for 2019 across the same timeline for each Trust except DVH which are slightly below the average for 2019. • AA confirmed the data he is presenting comes directly from InfoFlex. • AA mentioned the figures for 2ww treatment is slightly below the figures for 2020 and referred to MFT week ending 18th October 2020 detailing 1 treatment that week. • AA highlighted the numbers of patients waiting on the 62-day PTL as of 25th October with the highest being in EKHUFT at 567 and the lowest at MTW with 334. AA added the numbers of patients waiting above 62-days and 104-days has greatly reduced from June to October. • AA stated there were 1,703 patients waiting on the PTL as of 25th October 2020 with 81% of those patients waiting under 30-days and only 7 patients waiting over 104-days. • AA elaborated on the 46 patients who were waiting over 62-days, only 2 of those patients were paused due to the Covid indicator. AA added 7 patients were diagnosed with cancer whilst 39 patients were waiting for a diagnosis. • AA compared the performance data for 2ww, 62-day and 104-day for all 4 Trusts and they all exceeded the national standard. DVH had dipped slightly compared to the other trusts for 31-day performance in August 2020. • SS asked AA his view regarding why some Trusts performance was consistently better than others particularly in some areas with DVH lagging behind in some.		**KG circulated this presentation to the group on the 19.11.2020**

		AA referred to some service issues at DVH due to Covid and treatment was lower during the Covid period.		
4.	**Kent Patient App**	**<u>Update by Russell Burcombe</u>** • RB confirmed the patient app continues to be used widely across the MTW clinics. RB referred to an independent report from the University of Sussex which was previously circulated to the group and the feedback from a series of patient groups was excellent. • RB highlighted that patients from MTW and Tunbridge wells were not getting the app from the point of diagnosis which is a real issue. RB would like to see the early distribution of the flyers and to encourage the downloading of the app is pivotal. • RB mentioned EKHUFT have sent through some information to him regarding 'who is who' to upload and be used in EKHUFT. He has received no feedback from DVH or MFT regarding a champion to collate the contact details. RB stated the offer is still open to have free use of the app providing the other trusts deliver to him a list of contact details for the breast care nurses, surgeons, oncologists and useful contact numbers. • RB confirmed the next phase is to update the secondary breast cancer section as the first phase of the app was for early breast cancer. RB anticipated this next area of development would be welcomed by patients. • RB asked for CNS's, breast surgeons and oncologists to let patients know about the app early on in their pathway so the resource can be used effectively. • CH wholeheartedly supports RB and the app adding it is extremely important to patients and was concerned there had not been a wider take up. • SS admitted she did submit the profiles from DVH as an action from the previous meeting and thought the detail had already been incorporated into the app. RB agreed to double check his inbox to ensure this has not been missed.		

		• SHu confirmed they were waiting for the last of the testimonials and photographs from DVH which they will then send across to RB in the next week or so. SHu concluded they should be good to go in the next few weeks. • RB emphasized the importance of promoting the app from the point of diagnosis. SHu does not anticipate this being an issue from a DVH perspective. • RB suggested SS set up a mini surgical content group in order to amend the content so RB could easily implement the changes. The hardest aspect of the app is getting the contact list together. • SS concluded the only other trust RB needed an update from would be MFT. MH agreed to take this forward for MFT and mentioned the oncology treatment is centralized at MTW but they have chemotherapy in MFT so it would need to be specific for there. SS asked if MH would also mention this to the surgeons at the MDT which she would also be joining next week. **Action** - SS asked AW to include a short update on this agenda item at the next TSSG meeting to ensure it was all on track.		**AW / RB**
5.	**Performance**	**DVH – update by Michelle McCann** • MMc mentioned DVH have met the 2ww performance figures for June, July and August with telephone appointments put in place to triage and risk assess patients during Covid. • MMc referred to some issues for 31-day data during August this was mainly due to patients that had to self-isolate for 14 days and delays coming into the 2ww clinic. • MMc referred to delays for 62-day performance in August which was mainly due to the availability of slots on cold sites. • MMc confirmed they have worked really hard to reduce the 104-day targets with		**KG circulated the performance data to the group on the 19.11.2020**

		only 5 patients today on the 104-day backlog. This has been a whole team effort including secretaries, result letters, getting patients in and moving surgery. • MMc concluded they were working on the 28-day FDS noting they had compliance before Covid so hope to be in a good place after Covid. • SS asked how do the Trusts manage the workload with a potential second lockdown through the winter and beyond. SS added are the Trusts looking to implement the telephone clinics, triaging system, or plan to continue with face to face appointments and previous working practices before the pandemic. • CHW explained from an Oncologists perspective it is about the confidence of the patient coming into the department and MTW have robust testing in place. CHW added footfall is not an issue this time. They are looking at the individual patient risk and data based from the Birmingham group. CHW stated for most breast cancer patients the oncological aspect of their care adds very little risk to their Covid outcomes as long as there are no other comorbidities. CHW stated it will be in most cases business as usual. • CHW mentioned they do staff testing every 2 weeks with patient testing on and off for chemotherapy patients at MTW. Radiotherapy patients have been tested all the way through the pandemic due to them travelling from across Kent. CHW alluded to 2 patients who tested positive and were asymptomatic within the Haematology group. CHW added the other chemotherapy units at DVH, EKHUFT and MFT were also all testing Oncology patients. **<u>EKHUFT – update by Chris Hopkins</u>** • CH confirmed EKHUFT's performance for the last 3 months has been very good for 2ww, 31-day and 62-day and they are continuing to achieve the targets. CH anticipated the only challenge would be due to an increase in referral numbers with the campaign to get patients to come back in. • CH referred to 2 - 62-day breaches in June due to Covid delays, 3 in July and 1 in August due to the DIHYDROPYRIMIDINE DEHYDROGENASE (DPYD) delay in results.		

		• CH was pleased to announce they had no backlog for 104-day performance. • CH mentioned the backlog for 62-day had increased slightly due to the rise in referral numbers and diagnostic challenges. • CH confirmed for 28-day standard is working very well and there is daily triage for Out Patients appointments being booked into the correct clinics including the One Stop Clinic. There is a navigator in place to support the pathway and a diagnostic tracker. • CH concluded it has all been positive for the last few months for breast within EKHUFT. **MFT** • SS highlighted there was no-one present from MFT at the meeting today to update on their performance data. • SS noted the numbers were not too much different from the other trusts. 2ww numbers were very good in July and August dipped slightly in September but still very good. 31-day and 62-day targets are both also very good. • SS was aware of 143 patient backlogs in September. It was highlighted there had been some issues with MDM Co-ordinators and sickness which could be the reason. **Action** – SS asked if AW / KG could feedback to MFT to ensure they have a representative from MFT either the data cancer manager or MDT co-ordinator present at future meetings. AW agreed to take this forward and mentioned James Shaw was due to present at the meeting today. **MTW – update by Jennifer Weeks** • JW mentioned they have also been struggling with the number of referrals. JW referred to the performance figures which accounts for them still doing very well		**AW**

		but she could not account for the backlog of 5 patients in August. • JW confirmed they were still operating on two sites with East Grinstead (Queen Victoria hospital) as a cold Covid site. Although, this was not ideal as they are very slow and can only do 3 operations a day in which 5 can be done at MTW. • JW mentioned they are compliant with 28-day FDS. JW is surprised by the data completeness levels but added they have had a series of locums and wondered if the data had not been captured accurately. • SS thinks it is very important to discuss each other's demands, how they are meeting their capacity and learn from each other to be able to work collaboratively. SS referred to difficulties with clinic and radiology capacity. SS added there was no room for manoeuvre with every patient referred in going onto the PTL and 2ww pathway. SS is keen for others to share good practice if it helped the other trusts.		
6.	**Risk reduction Mastectomies**	**<u>Update by Simon Mackey</u>** • SM confirmed there had been lots of discussion with various units across Kent, Surrey and Sussex about management of the contralateral breast post the Ian Paterson scandal. SM referred to GIRFT and QVH being the regional centre for plastic surgery with them having a much higher rate of removal of contralateral breasts than many other units within the UK. • SM mentioned they do not have a standard approach across KSS for management of the contralateral breast to which everyone subscribes. SM suggested they came up with a framework in order to manage these patients. SM confirmed ABS have previously made some recommendations and asked the group whether this would be possible. • CHW asked if the numbers were immediate or delayed and what was the breakdown of reasons for KSS being higher. • SM explained this detail had been put together by Mohsin Dani who is		

		unfortunately not on the call today. • CHW stated the key points would be the stage of the incident cancer and the biological data. SS agreed and to ensure the patient has been through the process of seeing a psychologist which is not currently funded through the NHS. SS added this is important because both the patient and surgeon are protected by decisions the patient may regret later. **Action** - SS concluded it would be worth looking at this as a more detailed analysis and SS would be happy to put together the guidelines and present at the next TSSG meeting. SM agreed to help pull the data together across KSS.		**SS / SM**
7.	**Guest update**	**Is it time to change the approach in One Stop Breast Clinic for Mastalgia – update by Laloma Hamidi-Latifi** • LHL explained she has conducted a small study of mastalgia patients without clinical evaluation at DVH which is part of the service management evaluation model on complex breast surgery at East Anglia University UK. • LHL highlighted more than 28% of all primary presenting complaints are due to mastalgia with the subsequent referral rate being 25%. LHL added this is adding extra pressure on Secondary Care. LHL confirmed women with breast pain also had increased anxiety and depression compared to women with breast lumps. • LHL confirmed the conversion rate of breast cancer for women with mastalgia is very low. • LHL updated the group on the study she conducted at DVH regarding patients' expectations. LHL highlighted that 12 out of 16 patients preferred to have a mammogram as opposed to clinical examination with 4 patients happy with either. • LHL concluded the patient would be happy to be examined by the GP and then have the mammogram in Secondary Care.		**KG circulated this presentation to the group on the 19.11.2020**

		• SS asked how LHL envisaged educating, training and reassuring the GP's that their examination and referral to the mastalgia clinic is adequate and what measures could be put in place. LHL confirmed they could set up training once or twice a year for GP's to update them. • SS and LHL agreed even with a small under 1cm lesion this could easily be missed on a clinical examination. • BH thanked LHL for presenting a very interesting study. BH mentioned if the patient was palpating a lump many of her colleagues would refer directly in to Secondary Care. • SS stated any patient with a palpable abnormality should be referred into secondary care as a 2ww referral. SS mentioned they have access to multiple investigations including ultrasound and mammograms which GP's would not. SS added the breast pain patients take up a lot of their time and if there is a way to reassure the patient and GP then a separate pathway would be worth looking at. • JW mentioned they have had a dedicated breast pain clinic at MTW for about 8 years and the patient feedback has been very good. JW added most patients get triaged into the one stop clinic rather than the breast pain clinic. • SS stated they have also had a mastalgia clinic at DVH for about 10 years but the referrals have been hijacked by the 2ww referrals as the first available one stop clinic. SS and JW agreed it is important patients are triaged correctly. **Action** – SS proposed setting up a 3-month pilot with JW and PT across 2 centres with fallback options and a safety net in place for the patients. • JW suggested the best way forward would be to have a Clinician in place to do the triaging. She mentioned they have 186 referrals per week at the moment. JW emphasized the difficulty of triaging and it is important to do on a daily basis. • SS confirmed they do not triage at all at DVH and the referrals go straight to the cancer appointments team who book them into the first available slots. SS thinks		**SS / JW**

		this is where they have lost control of the mastalgia clinics as they have been hijacked by the patients waiting to be seen.		
8.	**Clinical Pathway Discussion**	**HOP – update by Seema Seetharam** • SS is keen to update this document as it has not been reviewed since 2018. **Action** – SS would like this document brought back to the next TSSG meeting to include additional operational policies which have occurred over the last couple of years. • RB mentioned he has been asked by JG to look at the wording for the genomic profiling tests. RB stated many oncologists are using the 3rd generation Endo-Predict or ProSigna and not Oncotype. **Action** - SS was happy to amend the wording and agreed to send to the oncologists for comments. **Action** – AW agreed to update the section regarding the population figures and will speak to the Cancer Alliance. • CHW and SS agreed to keep the clinical pathway documents quite generic and flexible as things do change. **Action** – SS asked if Deborah Allen - Radiologist from MTW would be happy to present an audit with regards to imaging data / evidence and a way forward for the trusts. **Action** – SS asked AW to circulate this document to the group after the meeting with any comments to come back to SS and AW via track changes and for the final updated version to be circulated prior to the next TSSG meeting. • CHW highlighted the importance of survivorship and incorporating all the links. **POC – updated by Seema Seetharam** • SS and CHW agreed to also take a look at the survivorship part of this document		**AW / SS** **SS** **AW** **DA / AW** **AW / SS**

		as well and update it. **Action** - SS highlighted the Leads in place for specific areas of care in pregnancy needed updating. SS agreed to ask JW to update this area. **Action** – SS suggested adding the links to NICE and ABS guidelines within section 6.2. SS agreed to forward to KG / AW. RB was happy for the patient app link to also be added to the document in the resource section. SS agreed to include the Stratified Pathway patient questionnaires, flow charts and guidelines as an additional appendix and will forward on to AW. **Action** – SS asked for any comments to be sent to AW within 4 weeks and AW to send a reminder after 3 weeks and then the document could be finalized.		**JW** **SS / AW** **Group / AW**
9.	**Clinical Audit**	• There was no clinical audit presented today. **Action** – SS asked if this could be put on the agenda for the next meeting.		**AW**
10.	**CNS Updates**	**DVH – update by Sylvia Hurley** • SHu mentioned they are working well to implement the stratified pathway and she has a meeting with PT this afternoon to finalise the details. • SHu referred to the breast cancer app and they are finalizing the details for RB. **EKHUFT** • OD introduced herself as the Pathologist from WHH and she had nothing to add from an EKHUFT perspective. **MTW – update by AW on behalf of Fiona Anderson who sent her apologies but provided the following written update** • Have just employed a PT band 7.		

		• Advert out for a full time Band 6 trainee post. • Band 4 starting 6th November - full time. • Then will look at service provision across site and innovations that need implementing that they have previously been unable to do in the past due to the shortage of staff. **MFT – update by Ceepa Vijayamohan** • CV confirmed there was not much to update from an MFT perspective but to highlight that the stratification process was doing very well. **Action** – AW agreed to speak to the CNS's regarding their future updates to ensure their updates were included in the minutes.		**AW**
11.	**Research – RAT / NOG**	**Update by Catherine Harper-Wynne** • CHW confirmed MTW are back up and running the oncology research and surgical trials and have tried to maintain everything through this second wave. CHW explained the only limitation would be access into the hospital but monitors are able to come in. • CHW mentioned they are up to full capacity and have opened up 7 trials at MTW. CHW added both her and Jennifer Glendenning are the KSS leads and have a newsletter which they have sent out from MTW around Kent to encourage cross referrals. They are aiming to work more as a regional unit but patients will still continue to go to GSTT and the Marsden. • CHW confirmed they are aiming to cover all parts of the portfolio for early and advanced disease. CHW added they would like the group to think trial first followed by standard treatment.		

12.	**AOB**	• LBl mentioned she would be interested in working with MH regarding the breast app. RB announced that LBl had been appointed. • JH mentioned the Permira trial has opened at DVH as well as at MTW for local referrals. SS suggested this was also highlighted at the MDT's. • SH recommended that they were given 10 working days for re-sections and a maximum of 7 days for biopsies for MDM cases as they struggle to report the cases on time especially at MFT / MTW. • TR asked if patients coming into the hospital were feeling reassured that it was safe for them to do so during Covid. SS confirmed she has experienced no issues with patients coming into DVH. However, some patients have declined surgery appointments. SS concluded most patients were happy to come in and get everything sorted out rather than wait. CHW stated they aim to instill confidence into the patient by providing them the facts, it is important to keep on testing, wear PPE and ensure the units are clean in order to keep the pathways running. • SM highlighted that QVH have been in discussion now for a couple of years to work in partnership with Brighton and Sussex Healthcare. SM explained Worthing and Brighton have recently arranged a merger and there is talk of QVH being part of this merger on the south coast. SM mentioned Marianne Griffiths is heading this up with the focus being on Sussex. SM highlighted as QVH is the regional plastic surgery unit for Kent and Surrey they need to continue to manage the workload including Sussex. SM anticipates this becoming an issue going forward. • AH confirmed the timeline at the moment is quite rapid with Brighton and Worthing on track to merge on the 1st April 2021 with QVH merging on the 1st October 2021. AH mentioned the QVH merger document is on their website. AH anticipates this being a capacity issue for Brighton, Worthing and QVH as a Trust. She added that 40% of breast cancer reconstruction patients have a Kent postcode, 21% from Surrey and 39% from Sussex. AH explained this could mean Kent patients would have to go to London for surgery as there would be nowhere else for them to go. AH advised that this issue was escalated through		

		the Cancer Alliance and commissioners to discuss further. AH explained once the merger had taken place they would lose all autonomy and will be dictated by the new management structure. • SS recalls having a previous conversation with AH regarding this matter and has escalated this to Steve Fenlon – medical director at DVH. SS has been reassured that Kent is not being removed but is not sure if this has been confirmed. • AH added if this all goes according to plan QVH will no longer exist as a single entity. • SS admitted she was very worried for the future of Kent patients as they seem to have less clout in shaping the services which could be due to logistics but perceives Kent patients being the worst hit. SS added they like working with the plastic surgeons at QVH and want to continue that relationship. • AH mentioned if Kent patients were transferred to London as the only provider available both GSTT and the Marsden would not have the operational capacity or workforce to cope with the extra number of patients. **Action** – SS agreed to escalate this issue through the Cancer Alliance, CCG's and at the next TSSG Leads meeting (25th November 2020) as this service is critical for the large patient population of Kent & Medway. CHW agreed to raise this issue at MTW as well. • AH stated what needed to be asked in the case of a merger was how can it be legally guaranteed that specialist tertiary services to Kent will be maintained. **URGENT ACTION** – KG agreed to set up an urgent meeting with Ian Vousden, CCG rep, SS, CHW, SM and AH on Microsoft teams **ASAP**. • SS highlighted the confusion regarding who is the current CCG lead in his area and the cancer lead for Kent. **Action** – SS agreed to contact Richie Chalmers and Serena Gilbert to discuss the data from the Brighton group pilot and to present at the next full TSSG meeting to help		**SS / CHW** **KG actioned meeting taking place on the 26.11.20** **SS / RC /SG**

		streamline services going forward for both primary and secondary care.		
13.	**Next meeting date and time**	• SS would like to have a mini meeting for 60-90 minutes in February 2021 with a full meeting taking place in 6 months' time. **Action** – AW agreed to circulate the meeting invites when both dates have been agreed with SS.		**AW /SS**