Kent and Medway Cancer Collaborative

**Breast Tumour Site Specific Group meeting**
**Tuesday 21st September 2021**
**Microsoft Teams**
**09:00-12:00**

**Final Meeting Notes**

| Present | Initials | Title | Organisation |
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| Seema Seetharam (Chair) | **SS** | Consultant Breast & Oncoplastic Surgeon & Clinical Lead for Breast Cancer Services / Chair TSSG | DVH |
| Sylvia Hurley | **SHu** | Macmillan Lead Breast CNS | DVH |
| Michelle McCann | **MM** | Operational Manager for Cancer & Haematology | DVH |
| Marie Payne | **MP** | Lead Cancer Nurse / Clinical Services Manager | DVH |
| Teresa Sewell | **TS** | Breast MDT Coordinator | DVH |
| Marie Thorne | **MT** | Healthcare Science Support Worker - Microbiology Path | DVH |
| Claire Bingham | **CB** | Macmillan Recovery Package Facilitator | EKHUFT |
| Vanessa Potter | **VP** | Macmillan Lead Breast CNS | EKHUFT |
| Doraline Phillips | **DP** | Consultant Cellular Pathologist | EKHUFT |
| Anthony Ford | **AF** | Improvement & Transformation Programme Manager | EKHUFT |
| Sally Kum | **SK** | Breast Nurse Consultant / Joint Clinical Lead | EKHUFT |
| David Osborne | **DO** | Data Analyst | KMCA |
| Claire Mallett | **CMal** | Programme Lead – Personalised Care and Support | KMCA |
| Karen Glass (Minutes) | **KG** | Administration & Support Officer | KMCC & KMCA |
| Tracey Ryan | **TR** | Macmillan User Involvement Manager | KMCC |
| Colin Chamberlain | **CCh** | Administration & Support Officer | KMCC |
| Annette Wiltshire | **AW** | Service Improvement Facilitator | KMCC |
| Jennifer Priaulx | **JP** | Macmillan Cancer Transformation Project Manager | MFT |
| Louise Black | **LBl** | Macmillan Breast CNS | MFT |
| Sue Green | **SG** | Macmillan Recovery Package Facilitator | MFT |
| Cynthia Matarutse | **CMat** | Lead Cancer Nurse | MFT |
| Tamara Diamond | **TD** | Senior Clinical Research Practitioner | MFT |
| Deepika Akolekar | **DA** | Consultant Breast & Oncoplastic Surgeon | MTW |
| Catherine Harper-Wynne | **CHW** | Consultant Medical Oncologist / Deputy Chair TSSG | MTW |
| Jane Brown | **JBr** | Consultant Clinical Oncologist | MTW |
| Russell Burcombe | **RB** | Consultant Clinical Oncologist | MTW |
| Savita Honakeri | **SHo** | Consultant Histopathologist | MTW |
| Sarah Egan | **SE** | Macmillan Breast Specialist Radiographer | MTW |
| Julia Hall | **JH** | Consultant Clinical Oncologist | MTW |

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| Jennifer Glendenning | **JG** | Consultant Clinical Oncologist | MTW |
| Maher Hadaki | **MH** | Consultant Clinical Oncologist | MTW |
| Carys Thomas | **CT** | Consultant Clinical Oncologist | MTW |
| Gemma McCormick | **GM** | Consultant Clinical Oncologist | MTW |
| Jo Bonnett | **JBo** | Macmillan GP & Cancer Lead | NHS Kent & Medway CCG |
| Kate Regan | **KR** | Macmillan Primary Care Nurse Facilitator | NHS Kent & Medway CCG |
| Holly Groombridge | **HG** | Cancer Commissioning Project Manager | NHS Kent & Medway CCG |
| Rachael Liebmann | **RL** | Consultant Histopathologist / Clinical Lead – Histopathology | QVH |
| Christine Howarth | **CH** | Patient Representative | |
| Liz Simmons | **LS** | Patient Representative | |
| Lin Douglas | **LD** | Patient Representative | |
| **Apologies** | | | |
| Louise Barker | **LBa** | Breast Care Nurse Specialist | EKHUFT |
| Anil Poddar | **AP** | Consultant General & Oncoplastic Breast Surgeon | EKHUFT |
| Cathie Cooper | **CCo** | Macmillan Breast CNS | MFT |
| Sammy Tomlin | **ST** | Macmillan Breast Cancer Support Nurse Specialist | MFT |
| Rakesh Koria | **RK** | GP and Cancer Clinical Lead | NHS Kent & Medway CCG |
| Helen Graham | **HG** | Research Delivery Manager | NIHR |

| **Item** | | **Discussion** | **Agreed** | **Action** |
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| **1.** | **TSSG Meeting** | **<u>Apologies</u>**<br>• The apologies are listed above.<br>**<u>Introductions</u>**<br>• SS welcomed the attendees to the meeting and the group introduced themselves. If there is anyone who attended the meeting but is not listed above please email **karen.glass3@nhs.net** directly.<br>**<u>Action log Review</u>**<br>• The action log was reviewed, updated and will be circulated together with the final minutes from today's meeting. | | |

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| | | **Review previous minutes**<br><br>• The minutes from the previous meeting on the 23rd March 2021 were reviewed and signed off as a true and accurate record.<br><br>• CHW highlighted the importance of all locums being well supported and to have an adequate oversight policy in place. They are relying on locums more and more due to the shortage of staff across the country. They need to ensure their pathway documents are accurate and fit for purpose. | | |
| **2.** | **Performance** | **DVH – update provided by Michelle McCann**<br><br>• MM mentioned there has been a reduction in 2ww clinics due to Consultant annual leave through the summer months.<br><br>• DVH have not achieved the 31-day or 62-day targets in July or August due to various reasons including theatre capacity, complex patients requiring multiple investigations, impact of the reduction of 2ww clinics at the front end of the pathway and histology delays.<br><br>• They have 479 patients on their PTL, 8 patients have waited over 104-days and 25 patients between 62 and 104 days.<br><br>• Additional resources are now in place to ensure the 28-day data completeness is accurate and the figures show a huge improvement from June to August. Their 28-day FDS compliance for breast was in target at 76.6% in August.<br><br>• Key risks and barriers to delivery due to Covid have been a reduction in the one stop clinics due to social distancing and also surgical capacity.<br><br>• They have daily recovery meetings with their exec team to escalate all issues which has made a huge difference in the last week.<br><br>• A new Rapid Access clinic template has been agreed and this will support the recovery of 28-day FDS pathway.<br><br>• The continue to utilise Genesis-Care to provide a one stop clinic once a week for any appointment slot issues (ASI) which come through. They are also working with surgery to | | |

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| | | provide additional cancer surgical capacity.<br><br>• SS mentioned another reason for the delays within the 31-day and 62-day pathways is due to radiology support. SS asked if this particular point could be minuted. SS added they have had at least 4 MDT's cancelled in July / August due to not having a radiologist present. There were 7/8 newly diagnosed patients in each of those MDT's and they were postponed a week due to this. This is totally unacceptable and it has been escalated to the execs. MM mentioned she is now having weekly radiology meetings so anticipates this issue will improve.<br><br>**EKHUFT – update provided by Sally Kum**<br><br>• SK mentioned in terms of their one stop and symptomatic clinics they are not experiencing any significant issues. They are constantly putting on more capacity and have seen an increase in referrals due to high profile publicity cases relating to breast cancer. SK added their referrals increased by 37% in October 2020. They are utilising Saturdays and providing additional clinical activity with radiology support.<br><br>• SK highlighted the ongoing issue of radiology being understaffed both locally as well as nationally. They have had one MDM in which they had no radiology support. They have completed some audit work which was fed back to radiology regarding breast MRI's. This looked at timescales from referral, authorisation, booking and how long it took to report to see the impact this has had on patients' pathways.<br><br>• They have a pathway navigator in place to help with the 28-day FDS. SK referenced having template letters to inform patients of benign results and also to telephone patients after the MDM.<br><br>• They have no issues with either outpatient or theatre capacity and have daily / weekly theatre meetings. Their main issue is capacity and as such have an advert which has gone out to appoint a locum consultant for a period of 6 months.<br><br>**MFT – update provided by Jennifer Priaulx on behalf of James Shaw**<br><br>• JP explained the main reasons for breaching the 2ww standard is due to patient availability, patient choice, patient is unwell and transport issues which prevent them from attending their appointments.<br><br>• JP highlighted the patient numbers for 2ww, 31-day, 62-day and 104-day and breaches associated with these standards. The breach reasons include complex patient pathways | | |

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| | | requiring additional diagnostics, late referral from a tertiary provider, multiple MDM discussions, patient DNA, delays to consent, capacity and specialist reviews from another provider.<br><br>• SS summarised they are also battling with the same cancer care issues including 2ww capacity determined by radiology availability, theatre capacity as they are still being used as extended ITU's which causes issues with bed capacity.<br><br>**<u>MTW – no-one available to present this data</u>**<br><br>**Action – CHW agreed to follow this up with the Naomi Butcher / Philippa Moth as there was no-one available to present at the last Breast TSSG meeting which is not acceptable. AW agreed to also follow this up outside of the meeting.** | | **CHW / AW** |
| **3.** | **Clinical Pathway Discussion** | **<u>High Operational Policy (HOP)</u>**<br><br>**Action - SS highlighted one amendment to section 2.0 Breast Cancer Services – QVH also provide breast reconstruction provision to DVH as well. AW to amend accordingly.**<br><br>**The group agreed this document could be signed off as a final version. AW to finalise and circulate to the group.**<br><br>**<u>The Management of Breast Cancer - Pathway of Care (POC)</u>**<br><br>• SS mentioned this clinical pathway needed a little more updating and summarised the following changes:<br><br>i) **Section 3.0** – link added to include ABS guidelines – SS to amend.<br>ii) **Section 4.0** – CHW has already updated to include Nicky Dineen's changes have been included.<br>iii) **Section 6.0** - NOG detail to be included as agreed from the chat box**.** CHW asked that PET CT scan should not be used as routine staging. CHW agreed to send this detail directly to AW<br>**iv)** **Section 9.0** – SS to make the changes.<br>v) **Section 9.3** – SS agreed to get a couple of her junior doctors to send out a survey monkey to all the breast surgeons and oncologists in the region and present the findings at the next TSSG meeting.<br>vi) **Section 9.5** – SS to amend.<br>vii) **Section 10.0** – process of being updated. JG and RB to amend over the next 6 months. | | **AW**<br><br>**SS / CHW / AW** |

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| | | viii) **Section 11.0** – Link into JG / RB final document<br>ix) **Section 12.0** – SS to add stratified pathway guidelines.<br><br>**Action – SS asked if the group would send their amendments to SS as soon as possible. AW agreed to make the necessary changes. The updated document will be circulated prior to the next TSSG meeting and final off at the next meeting.**<br><br>• RB asked who is responsible for the DEXA scan monitoring and asked if it was the responsibility of Primary Care, Surgeons or Oncology. This worries him as they are discharging their patients onto open access follow up with no robust system in place to monitor them.<br><br>• CH highlighted the issue of some patients getting the DEXA scan done and getting the results in a timely way for the MDT plus the patients are anxious. CHW explained this is a resource issue that has been compounded by Covid-19.<br><br>• JBo suggested there is a centralised system for requesting the DEXA with the mammograms and this would be the safest option. Some GP systems will allow them to do this and others will not.<br><br>**Action – JBo agreed to discuss this issue with her Cancer Clinical CCG and Macmillan Leads and get a general consensus view and will revert back to the group.** | | **SS / AW**<br><br>**JBo** |
| **4.** | **Research update** | **<u>Update provided by Tamara Diamond</u>**<br><br>• TD from MFT confirmed there are 2 open and recruiting trials – OPTIMA (1 patient only recruited this year due to Covid-19) and ROSCO.<br><br>• They are due to open 2 studies – i) diet-based observation trial called “We Sure Can” to see if weight loss improves overall survival for breast cancer patients. ii) SCMR – commercial clinical trial – they hope to open this one shortly.<br><br>• CHW confirmed both CHW and JG are running the KSS research for breast and are aiming to streamline the trials which are being done for K&M due to their heavy workloads and variation in resources available.<br><br>• CHW asked for it to be minuted that they are working towards having a centralised metastatic breast cancer trial clinic at MTW for patients’ county wide and they will have access to the | | |

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| | | trials. CHW added they have opened 4 metastatic trials at MTW in which the group can cross refer. | | |
| **5.** | **Clinical Audit update** | • This agenda item was not discussed at the meeting today. | | |
| **6.** | **Cancer Alliance and Personalised Care update** | **<u>Update provided by Claire Mallett</u>**<br><br>• CMal highlighted the National Cancer Programme of 2021/22 is to address the impact of Covid-19 on cancer services.<br><br>• **Recovery priorities:**<br><br>i) 2021/22 cancer services recover aims<br>ii) 2021/22 key actions<br>iii) Cancer recovery funding<br><br>• **Getting people into the system:**<br><br>i) "Help us help you" campaign to raise awareness of cancer symptoms and encourage people to see their GP.<br>ii) To deliver a full recovery of cancer screening programmes.<br>iii) Work closely with Primary Care to find and refer people with suspected cancer more rapidly.<br>iv) Trial new approaches to get people into the system quickly such as cancer hotlines<br><br>• **Investigate and diagnose:**<br><br>i) Implement the Rapid Diagnostic Centre pathways<br>ii) Targeted Lung Health Checks<br>iii) Innovations such as the Colon Capsule Endoscopy and Cytosponge<br>iv) New clinic models such as tele-dermatology and nurse-led triage for prostate cancer<br><br>• **Treat:**<br><br>i) Extend use of surgical hubs<br>ii) Continue to adopt the 40 Covid friendly treatments<br>iii) Implement personalised stratified follow-up pathways | | **Presentation circulated on the 21.09.2021** |

iv) Support access to the independent sector

- From a K&M perspective CMal highlighted the following:

- **Rapid Diagnostic Services**:

  i) VISS pilot at DVH with plans to roll out to MFT / Swale and EKHUFT
  ii) Rapid Lymphadenopathy pilot at EKHUFT and subsequent roll out to MTW
  iii) RDS Oversight group has been set up to support the subsequent roll out of these services
  iv) Focused pathway work to support Lung, H&N and UGI to take place in 2021/22
  v) Straight to Test (STT) pathways – supporting trusts to fully implement prostate, colorectal, lung and UGI.

- **Faster Diagnosis Standard – 28 days:**

  i) Continue to work with stakeholders across K&M to support the implementation of this standard which will be formally monitored from October 2021.
  ii) Implementation of the STT pathways and establishing RDS models to support this
  iii) Working with SEL CA colleagues to ensure tertiary pathways and comms links are in place
  iv) Review of diagnostic pathways to ensure efficiencies for patients

- **Early Cancer Diagnosis:**

  i) K&M has been selected to take part in the Galleri GRAIL pilot from October 2021
  ii) Working with the screening and immunization teams to review service provision
  iii) AI for lung cancer
  iv) Upskilling course for Primary Care staff to raise cancer and screening awareness
  v) Cancer Champions rolled out to MFT and Swale
  vi) K&M have been selected to take part in the Targeted Lung Health Check programme

- **Personalised Care & Stratified follow-up**:

  i) They have made good progress on the PSFU pathways across a range of cancers supporting patients following treatment. Breast PSFU is now live in all trusts.
  ii) Continue to support CNS's and CSW's with the personalised care interventions to ensure HNA's are being delivered around diagnosis and end of treatment.
  iii) Training and support PC workforce to focus on the Cancer Care Review and new QOF indicators.

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| | | • CHW highlighted the importance of face to face clinics and having the rooms available to be able to continue this as the primary option and telephone / video clinics only undertaken to safeguard the patient. CMal understands they need to have sustainable options available for both staff and patients to conduct appropriate clinical interventions. SS stated some diagnostic consultations work very well virtually and this saves valuable time for both the clinician and patient. | | |
| **7.** | **How to empower practice nurses to complete cancer care reviews** | **Action - Unfortunately, this agenda item was not discussed today due to time constraints. Kate Regan to be allocated a time slot on the agenda at the next Breast TSSG meeting.** | | **AW / SS** |
| **8.** | **CNS Updates** | **DVH – update by Sylvia Hurley**<br>• SHu confirmed they are still working on open access follow up and are hoping to increase the number of HNA's they can complete.<br>• They have a new support worker – Marie Thorne who has joined the team.<br>**EKHUFT – update by Vanessa Potter**<br>• They are doing well with the open access follow up at the WHH and aim to extend that to the other EK sites. They have completed an increasing number of HNA's due to having a support worker on each site. A new metastatic care nurse is due to start in October 2021 with a view to expand this role in due course.<br>**MFT – update by Louise Black**<br>• The breast care nurses are looking to recruit a cancer support worker to support the stratified pathway.<br>**MTW – no CNS on the call**<br>• CHW agreed it was not acceptable for there not to be representation at the meeting today. CHW suggested having a rota in place to ensure there could be one rep from MTW at the TSSG meetings.<br>**Action - DA agreed to take this back to the team to address this issue for future meetings.** | | **DA** |

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| **9.** | **Breast pain pathway**<br><br>**CCG Update** | **<u>Breast pain pathway – update provided by Holly Groombridge</u>**<br><br>• Due to the increase of 2ww referrals, they were asked to look at a community-based breast pain pathway which has been rolled out to other locations such as Brighton.<br><br>• HG referred to the Nottingham ICS model. Patients are not referred via a 2ww / NG12 form and should be managed within the community for at least 2 months prior to the referral. The CA are happy to support the group if they would be interested in this pathway. SS is keen to speak to HG offline to see how they could implement the breast pain pathway as a pilot study at DVH for the next few months.<br><br>**<u>CCG Update – update provided by Holly Groombridge</u>**<br><br>• The CCG will be transitioning to become an Integrated Care System as per national direction. This will further support system level working and they are already in a good position from a national perspective. Local ICP teams are working on the development of CDH's (Community Diagnostic Hubs now called Centre's) of which there will eventually be 6 in K&M with WK and EK being part of the first phase. | | |
| **10.** | **Meet the Team directories** | **<u>Update - provided by Russell Burcombe</u>**<br><br>• RB provided an update on the Breast Cancer Care app. RB stated they have still not received the biographies for key staff members with their contact details. Without this detail they are not able to roll this out to other trusts.<br><br>• SK agreed to email RB regarding some questions they had and apologised to RB. RB confirmed he had received the Consultant profiles from SS and Pawel Trapszo at DVH. SHu is waiting for some photos of other members and agreed to chase again. RB proposed that one designated person provides the key member details of the breast care nurses and surgeons at EKHUFT, MFT and DVH with as much detail as they can provide. They can then create a meet the team structure.<br><br>• CH is very disappointed that this brilliant resource is still not available for patients across the patch. RB is totally demoralised by this lack of engagement. He mentioned the surgeons and breast care nurses at MTW are also not promoting the app either which is deeply upsetting. This app should be promoted from point of diagnosis. | | |

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| | | • However, RB is proud to announce some positive news that both RB and Claire Ryan have developed a secondary breast cancer app which has been short listed as a finalist for the national Macmillan innovation award.<br><br>• RB mentioned there has been a lot of interest regarding the breast cancer app from other trusts such as Imperial College and it is embarrassing there has not been the uptake and commitment in house.<br><br>• SS congratulated RB and Claire Ryan and added it is a huge achievement to be listed for that award.<br><br>**Action – SS asked SHu to send SS and Pawel Trapszo's profiles to RB. SHu agreed to do this in collaboration with SS. LBl agreed to email RB directly to get some more flyers as she is actively promoting the app at MFT. HG agreed to promote within the CCG Community Bulletin. RB mentioned they have a power point presentation and film by patients which they used for the final selection for the Macmillan award and will send to KG to circulate (KG circulated to the group on the 22.09.2021)**<br><br>• RB advised the group to download the secondary breast cancer app now which is substantially better than the earlier version and can be used in any trust. RB asked for it to be minuted for Claire Ryan to be thanked for the tremendous amount of effort she has put into creating this app.<br><br>• CC mentioned he was asked by CMal to coordinate responses from the different trusts and is happy to continue to do that. RB thanked CC for his support. | | **SHu / SS / LBl / HG / RB / KG** |
| **11.** | **AOB** | • SK and SS highlighted the lack of attendance from certain cohorts of various trusts. SS stated it is imperative to have representation from surgical, oncology, breast care nurses and managerial teams so there should be a minimum of 4 members from each trust.<br><br>• JG suggested running an away day once a year with the different specialties and bringing it all back together for communal discussions in the afternoon. SS agreed it could also be educational and not just operational discussions. SS wondered if this could be achieved for the next TSSG meeting in March and she could invite a wider group including trainees. SS added she has got a couple of sponsors who would be very happy to sponsor the event.<br><br>**Action – AW and SS agreed to work together to set up an all-day event with an educational sponsored event in the morning and the TSSG meeting in the afternoon.** | | **AW / SS** |

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| | | • SS thanked the group for their attendance and valuable contributions to the meeting today. | | |
| **12.** | **Next Meeting Date** | • AW and SS agreed to discuss a potential April date for the next meeting, invites will be circulated in due course by KG. | | |