

Present:

Mr A Nejm	Airedale NHS Trust
Dr P Carder	Bradford Teaching Hospitals NHS Foundation Trust
Mr B Case	
Mr R Linforth	
Ms C Tait	
Dr A Wason	
Mr G Dyke	Harrogate and District NHS Foundation Trust
Ms J O'Brien	
Miss J Piper	
Dr J Adlard	Leeds Teaching Hospitals NHS Trust
Professor D Dodwell	
Dr S Lane	
Dr A Shaaban	
Dr N Sharma	
Mr D Ali	Mid Yorkshire Hospitals NHS Trust
Mr Z Kryjak	
Dr J Simpson	
Dr N Spencer	
Dr J Farrington	NHS Calderdale
Mrs S Cooke	User Partnership Group
Mrs S Keir	
Dr J Cooper	York Hospitals NHS Foundation Trust
Mrs J Frazer	
Mr B Mancey-Jones (Chair)	
Dr A Murphy	
Ms L Phipp	
Dr J Smales	
Mr G Hughes	Yorkshire Cancer Network
Mrs C Irving	
Mr P Melling	

Apologies

Ms B Archer, Dr J Dent, Mrs F Halstead, Mr K Horgan, Mr K Munot, Mr J Parmar, Dr T Perren, Dr M Sen, Dr E Thomas

2. Vice Chair			
Log No	Action	Lead(s)	Deadline
1	Members welcomed Julian Adlard as the Vice Chair to the group. Clair Irving to amend the membership details accordingly.	C Irving	ASAP
3. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
2	The action log from the last meeting was accepted as a true record.	N/A	N/A

3. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
3	Clair Irving to add Anna Murphy and Ann-Marie Watson to the list of attendees to the last meeting.	C Irving	ASAP
3.1 Formalising NSSG voting procedures and future modus operandi			
Log No	Action	Lead(s)	Deadline
4	<p>Ben Mancey-Jones explained to members that the Executive of the Breast NSSG proposes to introduce some changes to try and allow the NSSG to function in a more time-efficient way.</p> <p>To try and keep things progressing, the Executive Group is to meet more frequently, and send proposals to MDT leads. Ideally, MDTs are to discuss these prior to the meetings, so that representatives can deliver an MDT view, rather than an individual view.</p> <p>The MDT leads will be expected to make the necessary links with their host organisations before and after NSSG meetings as required where the draft proposals will be signed off.</p> <p>All Breast MDT leads have been contacted to confirm the nominated contact plus a deputy.</p> <p>To ensure the formal NSSGs are as productive as possible, from time to time it may be necessary to ask individuals or small bespoke groups to take on the role of developing proposals. The Breast Cancer Nurses Group could also help with this.</p> <p>Members agreed that they did not have any objections in principle to the proposal.</p>	N/A	N/A
4. Matters arising			
4.1 Prophylactic Mastectomy Register			
Log No	Action	Lead(s)	Deadline
5	<p>Julian Adlard informed the group that this work is still continuing in the genetics department and that he is currently auditing all BRCA1 and BRCA2 carriers.</p> <p>To keep the group updated as necessary.</p>	J Adlard	06/10/10
4.2 Radiotherapy leaflets/Hand outs			
Log No	Action	Lead(s)	Deadline
6	<p>The group were informed that the leaflets are currently with Veronica Allinson.</p> <p>Veronica Allinson to update the group on the progress of this work at the next meeting.</p>	V Allinson	06/10/10

5. Familial Breast Cancer Screening			
Log No	Action	Lead(s)	Deadline
7	<p>Jill Farrington tabled the proposed pathway (version 5) along with the numbers and assessment for family history breast screening paper and advised that she is working alongside the YCN, SHA and the Quality Assurance Reference Centre to plan a common approach. The Lars Holmberg report containing guidance about entry into the screening programme for family history patients is due later in 2010. It is unknown whether this will include guidance on communications to patients, so this will need to be worked on.</p> <p>Members were asked for comments specifically on the questionnaire the clinical genetics service is using, the added value of patients going through primary to secondary care and also opinions on the numbers of patients going through the system.</p> <p>The group agreed that all MDT Leads would be responsible for prospectively collecting all new referral numbers for family history and patients from follow up clinics for the next three months May, June and July and are to send this to Jill.Farrington@calderdale-pct.nhs.uk. Any units holding retrospective data are to send this information to Jill Farrington also.</p>	MDT Leads	06/10/10
8	Clair Irving to chase Mark Lansdown for the FH leaflet and to circulate to the group.	C Irving	ASAP
6. Future Peer Review visits			
Log No	Action	Lead(s)	Deadline
9	<p>Philip Melling informed the group that we are now in the 2010/11 round which starts with self assessment, with measures being the same as last time but is to include clinical lines of enquiry.</p> <p>Airedale, Bradford, Calderdale and Huddersfield are having self assessment only. The deadline for evidence is the end of August 2010.</p> <p>Harrogate, Leeds, Mid Yorkshire and York are to have a full visit in March 2011. The evidence is due at the end of January 2011.</p> <p>The group need to ensure that the Work Programme, Annual Report, Constitution and Network guidelines are all up to date.</p> <p>Guidelines will need to be updated for July 2010 so that they can be included in peer review.</p>	All	July 2010
7. Cancer Waiting Times			
7.1 Meeting the Two Week Wait for all Breast Referrals			
Log No	Action	Lead(s)	Deadline
10	<p>► Mid Yorks</p> <p>Nick Spencer, Clinical Director at Mid Yorks described their unsustainable 2 weeks for all radiology provision. They are now a Breast Radiologist short. They have done all they can to maintain the service, including using a Consultant Radiographer clinic for low risk under 35's which has helped a little with capacity however they foresee target breach within weeks. Members were informed that the matter is to be raised at Board level.</p> <p>Members were asked for ideas for support. It was identified that there isn't currently any spare radiology capacity and members agreed that as a Network group they will support Mid Yorks to maintain their efforts to attain target.</p> <p>To keep the group updated accordingly.</p>	B Mancey-Jones	06/10/10

7. Cancer Waiting Times			
7.1 Meeting the Two Week Wait for all Breast Referrals			
Log No	Action	Lead(s)	Deadline
11	Philip Melling presented the CWT and the breast symptomatic two week for all data for January and February. Clair Irving to circulate this with the action log.	C Irving	10/05/2010
12	Geraint Hughes tabled a paper on using statistical process control to measure variation within pathways to more accurately predict future performance. Members were informed that CWT will be presented in this manner at subsequent meetings. To present the SPC data to the group at the next meeting.	G Hughes	06/10/10
8. National Mastectomy and Breast Reconstruction Audit - update			
Log No	Action	Lead(s)	Deadline
13	The NMBR audit data was discussed. Philip Melling presented the results of the previously agreed NSSG audit of timeliness on behalf of all the participating MDTs. All MDTs submitted their data although there had been some differences in interpretation of the questions asked. Data relating to 'Clinical Lines of Enquiry' also showed variations in length of stay across the network. Some of this may be due to reconstructive practice, with immediate reconstructions leading to longer average stay after mastectomy. Philip Melling is to see if the figures can be broken down to account for reconstruction.	P Melling	11/05/2010
14	To understand the difficulties with the audit methodology and ensure that future audits take account of any lessons learnt.	All	Ongoing
15	To circulate the audit results with the action log.	C Irving	11/05/2010
9. Guidelines Review			
9.1 Radiology			
Log No	Action	Lead(s)	Deadline
16	Anna Murphy tabled the draft version of the guidelines which have been adapted along with Barbara Dall and Anne-Marie Watson. A discussion followed and suggestions were made. Members are to send any further comments or suggestions for amendments to clair.irving@ycn.nhs.uk .	All	25/05/2010
17	Anna Murphy is to ensure any amendments are made and is to send the final version to clair.irving@ycn.nhs.uk .	A Murphy	30/05/2010
18	To sign off the guidelines through the Executive group ready for peer review.	All	Next Executive meeting

9. Guidelines Review			
9.2 NICE guideline publications compliance			
Log No	Action	Lead(s)	Deadline
19	Ben Mancey-Jones informed the group that he has written to all Trusts to seek confirmation of compliance with the NICE CG80 and CG81 guidance. All MDTs are compliant with CG80, and in principle with CG81 (advanced cancer), but David Dodwell pointed out that there will be some departures from guidance where practice is changing in response to emerging trial data.	N/A	N/A
10. Secondary breast cancer progress report			
Log No	Action	Lead(s)	Deadline
20	<p>Jackie Frazer tabled draft 5 of the Secondary Breast Cancer pathway and explained to the group that this work has been initiated to ensure that support needs are being met. An audit has revealed a number of gaps as follows:-</p> <ul style="list-style-type: none"> • Key Worker access • Access to the MDT • Access to additional support services <p>Sue Keir gave an account of why each person diagnosed with secondary breast cancer needs to be allocated a key worker from a patient's perspective.</p> <p>The group agreed that the pathway tabled is achievable and that they would support its implementation and presentation to the Board. Following this, steps will be taken to benchmark the pathway.</p> <p>Ben Mancey-Jones is to take the pathway to the Board in a couple of week's time and is to update the group on progress at the next meeting.</p>	B Mancey-Jones	06/10/10
21	Geraint Hughes agreed to circulate the survey questions to the group.	G Hughes	20/05/2010
11. Follow up			
Log No	Action	Lead(s)	Deadline
22	<p>Ben Mancey-Jones explained that moving forward, services will need to be developed within existing funding. Sean Duffy is keen to look at ways to achieve efficiencies especially around follow up in anticipation of the changes in the economic climate.</p> <p>The group agreed to look at current and sensible new models to go alongside the secondary breast cancer work to take to the Board.</p> <p>Geraint Hughes agreed to initiate this piece of work.</p>	G Hughes	ASAP
12. Work programme - for discussion/agreement			
Log No	Action	Lead(s)	Deadline
23	<p>Ben Mancey-Jones tabled the Work Programme and the group agreed to sign this off.</p> <p>Clair Irving to make this available on the YCN web.</p>	C Irving	ASAP

Breast Group : Actions of the meeting held on Thursday 22nd April 2010 10:30am

13. NSSG audit			
Log No	Action	Lead(s)	Deadline
24	Philip Melling presented the last NSSG audit results on the time taken for all Units to diagnose the first 100 patients that came through the door in February. A group discussion followed. The conclusion of the audit was that majority of patients are given results of diagnostic tests within time-frame specified in the NSSGs agreed pathway.	N/A	N/A
25	Members agreed the next NSSG audit would be to look at collecting information on the proportion of women who have been tested for HER2 prior to the decisions being made around treatment. Philip Melling to lead on this work.	P Melling	06/10/10
14. YCRN update			
Log No	Action	Lead(s)	Deadline
26	The YCRN report was tabled.	N/A	N/A
15. Any Other Business			
Log No	Action	Lead(s)	Deadline
27	► Membership Ben Mancey-Jones welcomed anyone who is interested in joining the group to request being added to the membership. Those interested in joining the group are to email clair.iring@ycn.nhs.uk .	All	Ongoing
28	► Equity of Access and Breast Cancer Workforce update Members were asked to keep clair.iring@ycn.nhs.uk informed of any changes.	All	Ongoing
16. Date and time of next meeting			
Log No	Action	Lead(s)	Deadline
29	The group discussed the date of the next NSSG and event and agreed that this would be held on Wednesday 6th October 2010. Clair Irving to confirm the booking with the venue.	C Irving	ASAP

Date of Next Meeting(s)

Wednesday 6th October 2010 10:30am
Pavilions of Harrogate, Great Yorkshire Showground, Harrogate