

# YORKSHIRE CANCER NETWORK Breast Cancer Group

Minutes of the meeting held on  
Thursday 22<sup>nd</sup> April 2004, 10.30am  
Pavilions of Harrogate,  
Great Yorkshire Showground, Harrogate

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Present:	Ms K Dyer Dr M Hughes Mr I Hutchinson Mr Nejim	Airedale NHS Trust
	Mr W Case (Chair) Mrs S Downey	Bradford Hospitals NHS Trust
	Mrs V Allinson Mr V Modgill Mr N Sharma	Calderdale & Huddersfield NHS Trust
	Dr A Jones	Craven, Harrogate & Rural District PCT
	Mr R Knox	Harrogate Health Care NHS Trust
	Dr P Carder Dr C Chu D Dodwell Dr S Lane Dr J Liston	Leeds Teaching Hospitals NHS Trust
	Mr D Ali Mr C Irvine Mr J Parmar	Mid Yorkshire NHS Trust
	Mr B Mancey-Jones Mr S Nicholson Ms A Nightingale Dr S Reaney Dr J Smales	York Hospitals NHS Trust
	Miss H Lamb Ms F Stephenson Ms V Walker	Yorkshire Cancer Network

## 1. Apologies for Absence

Professor M Baker, Dr G Coast, Professor A Hanby, Mr P Melling, Mr J Price and Mr B Tinkler

## 2. Minutes of the last meeting

Mr Case thanked Mrs Downey for chairing the last meeting in his absence.

The minutes from the last meeting were agreed as being an accurate record.

### **3. Matters Arising**

- **Hodgkin's Disease Recall**

Mr Case highlighted that there are a steady flow of patients through the Bradford Symptomatic Clinic.

Mr Case was unsure of the protocol for Hodgkin's Disease recall, he had written to Dr Gilson for a copy of the protocol. Dr Dodwell agreed to circulate the protocol to the group.

Mr Nicholson was concerned that a strategy is being developed for mammographic screening in women who are perceived to be at increased risk of breast cancer due to radiation damage.

**Action: Dr Dodwell to circulate protocol to the group**

- **Quality Assurance**

Dr Dodwell highlighted that Miss Lamb had agreed a link with the QA for this meeting, however the QA withdrew from this agreement, which was disappointing.

Miss Lamb agreed to try and re-establish the link with the QA for the next breast cancer event.

**Action: Miss Lamb to contact Fergus Neilson**

### **4. NICE Family History Guidelines**

Dr Chu confirmed that publication of the NICE Family History Guidance has been delayed until May 2004.

Dr Chu tabled a paper regarding NICE guidelines – The classification and care of women at risk of familial breast cancer.

A discussion followed. Dr Chu highlighted that the units across the Network should be consistent in the policies for the high risk women.

Mr Knox expressed concern that patients would be pushed towards the symptomatic breast service who would be expected to run the clinic without any funding, training or back-up.

Dr Jones highlighted that clear referral guidelines are required for primary care.

The group agreed to form a sub-group to establish what is achievable throughout the Network. Mr Nejm and Mr Case agreed to take this forward. Ms Stephenson highlighted that management input is required as soon as possible to look at the financial feasibility.

Dr Chu informed the group that a Regional Screening Group had been established led by Colin Pollock. Dr Chu agreed to take this issue to the group once there is agreement from the Network Group.

**Action: Mr Case and Mr Nejm to arrange a Network Family History Guidelines sub-group meeting.**

### **5. Peer Review**

Ms Stephenson highlighted that the revised draft Quality Measures for Cancer Peer Review were published recently on the Department of Health Website for consultation. An email was circulated to all Network Groups to alert members of this. The quality measures cover two main areas; standards for the Network and the individual cancer sites.

Comments have been requested by the Department of Health by 7<sup>th</sup> May, the standards will be published by the end of May. Peer Review for the Yorkshire Cancer Network will commence around mid 2005.

Ms Stephenson drew the groups' attention to the following breast cancer specific standards:

- Networks or site specific groups to carry out a comparative review of services for screening and services for symptomatic breast cancer. Mr Nicholson highlighted that information is not available.
- The roles and responsibilities of the Breast Cancer Group in terms of the production of clinical guidelines, referral pathways, follow-up guidelines and looking at Network wide audit.
- Detailed standards regarding the operational policy for MDT's across the Network.
- More specific details on a number of areas not previously covered including User involvement, service improvement, radiology and pathology.

Ms Stephenson suggested producing a summary to highlight the responsibilities of the breast cancer site specific group.

**Action: Ms Stephenson to produce a summary and send to Chair.**

## **6. Update on NICE and BASO Guidelines for Breast Cancer Follow-Up**

Mr Case highlighted that the NICE guidelines specifies that Networks should agree on the duration of routine follow-up which should be no greater than 3 years. The group had agreed that this has no benefit and that five year follow-up was more appropriate. Mr Case asked the group where the different units were with this follow-up arrangement.

Mr Nicholson highlighted that York have ignored it.

Mr Knox explained that Harrogate have taken a pragmatic approach. Their Breast Care Nurse is doing a follow-up clinic with back-up from the consultant if there are any problems. Management are not happy with this arrangement as it is not within the guidelines.

Mr Ali highlighted that women are followed up for 5 years with a mixture of clinical follow up for the first two years and then by breast care nurses. After five years the women will be recalled for mammography by a system yet to be devised.

Mr Case highlighted that the recall for mammography beyond three years should be addressed.

## **7. Audit Across the Network**

Mr Case asked units for an update on audit across the Network.

Mr Case highlighted that at Bradford data is collected for cancer waiting times and process but they are not collecting the BASO dataset as it requires an independent audit clerk.

Mr Nejim highlighted that Airedale collect BASO data prospectively. A part time clerk is able to collect data, the difficulty is the retrieval of data. The system is in place however more support is required.

Mr Nicholson highlighted that the funding received from the Network for data collection, was used by York for cancer generally. Support was withdrawn from the BASO data collection system. York is now making progress, the hospital system has been refined and it will be a usable system in around 6 months.

Mr Knox highlighted that Harrogate has lost two audit clerks. Harrogate is currently compiling five year data set retrospectively. An audit manager has recently been appointed, one of their responsibilities will be BASO.

It was noted that at the last meeting Mr Melling had agreed to organise a meeting to discuss audit across the Network for information managers and breast cancer clinicians from across the Network. The group were disappointed that this had not been organised. Ms Stephenson said that a training day for information managers to look at waiting times issues had taken place and would take their point back to Mr Melling.

Ms Stephenson suggested an extra meeting to discuss standards that the network site specific group is responsible for including data collection, and this issue would be discussed then. The group declined to do this.

Dr Lane informed the group of The Sloane Project, a UK prospective audit of non-invasive carcinomas of the breast. Mr Nicholson highlighted that York are involved in the audit.

**Action: Ms Stephenson and Chair to discuss audit with Mr Melling.**

## **8. Waiting Times for Radiotherapy**

Dr Dodwell informed the group that the current waiting list for radiotherapy at Cookridge Hospital has risen dramatically over the last few months and is currently at 12-14 weeks. The rise is principally due to shortages in radiographers, which is a global problem.

Dr Dodwell confirmed that all is being done to minimise the waiting times. It is a difficult issue in breast cancer particularly as the majority of patients with early breast cancer have radiotherapy.

The group agreed that the patient communication policy across the Network should be clear and consistent. Dr Dodwell agreed to produce simple guidelines for clinicians and nurses across the Network.

Dr Dodwell explained that the long term solution to the problem is to train more radiographers. It is anticipated that that by the end of the summer there will be a perceived improvement with the influx of radiographers from the training schools.

**Action: Dr Dodwell to produce simple radiotherapy guidelines for clinicians and nurses across the Network.**

## **9. Immediate Breast Reconstruction Service**

Mr Irvine tabled a paper regarding The Mid Yorkshire Audit of patient satisfaction with Breast Care Service offered at Pinderfields/ Pontefract Hospitals and patient satisfaction with access to breast reconstruction surgery, information offered and time given to decide on treatment options.

The audit was prepared by Ms A. Millett, Service Improvement Facilitator, Service Improvement Team. Mr Irvine thanked Ms Millett for her work.

Mr Irvine explained that the audit was carried out at the request of the YCN Breast Cancer Group as there were some discussions about the provision of breast reconstruction service across the Network.

Mr Irvine explained the audit and confirmed that the audit indicates that there is a very reasonable level of patient satisfaction with the Breast Care Service at Pinderfields/ Pontefract Hospital.

## **10. Network Breast Cancer Follow-Up Project**

Mrs Walker explained that she is on secondment to the Yorkshire Cancer Network two days a week for the next six months as Project Facilitator for the Network Breast Cancer Follow-up Project.

The aim of the project is to find out what women want from breast cancer follow-up and produce new models of follow-up based on what women's views and what clinicians do already.

## **11. Any Other Business**

- **Aromatase Inhibitors**

Dr Dodwell explained that there are currently five trials which all show a benefit for aromatase inhibitors.

Dr Dodwell highlighted that he is trying to engage oncologists in discussions to consider widening the use of aromatase inhibitors accepting that they are unlicensed.

- **Chairmanship**

Mr Case informed the group that after the next meeting Mr Irvine would take over as Chairman of the YCN Breast Cancer Group.

Mr Case asked the group for volunteers for Vice-Chair.

## **12. Date of Next Meeting**

**Wednesday 6<sup>th</sup> October 2004, 10.30am at the Pavilions of Harrogate.**