

Meeting of the Breast Site Specific Group

Monday 25th March 2019

Roadford Lake, Broadwoodwidge, Devon

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This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Draft Notes

Reference	Notes
1.0	Welcome and Introductions
1.1	Please refer to separate record of attendance via the SWCN website.
1.1.1	The minutes of the meeting held on 24 th September 2018 were considered and accepted as an accurate record.
2.0	SSG Matters
2.1	<u>Clinical guidelines</u>
2.1.1	The group discussed the similarities between the NICE and ABS clinical guidelines.
2.1.2	Where Endocrine therapies are offered, it was agreed that local guidelines should be considered.
2.1.3	DW clarified that although the Peninsula trusts do not have shared Chemotherapy Protocols, each provider should refer to the NICE Evidence-Based recommendations for SACT treatments.
2.2	<u>Implementation of patient stratified follow-up</u>
2.2.1	<p>JRL described the current position in Torbay with regards to patient follow-up;</p> <ul style="list-style-type: none"> • Patients 10 years post treatment have been discharged (by letter) • Patients 5-10 year post treatment have had a virtual clinic appointment • Patients on extended treatment have been seen in person • 2-5 year patients have all been seen in a year
2.2.2	Before using this process Torbay were seeing 350 patients in clinic per month.

	Since adopting this new stratification, clinics are seeing 21 patients less per month.
2.2.3	GG explained that in Exeter, end of treatment summaries are provided at the end of consultations, in a letter which is also copied to the GP.
2.2.4	DC explained that Inflex is not quite ready for use in Exeter; From the 1 st April 2019, the team will be risk-stratifying patients and there is a plan in place to ensure that this process is undertaken efficiently until Inflex is fully ready. It has been acknowledged that an extra member of staff is required to oversee this process properly.
2.2.5	The group agreed that a patient is not always stratified according to risk; consideration must also be given to each individual and their unique personality.
2.2.6	Cornwall is investigating the use of an app that can be used to track patients. The scheme is currently trying to gauge how many people would utilise the app if funding was provided to support its use.
2.2.7	North Devon have been using excel spreadsheets to track their patients as there are delays in being able to move across to Inflex. The team are starting to provide EOT's from next week.
2.3	The group discussed the use of Questionnaires similar to that used in Bath (triggering referrals and classification of breast tumours into sub-categories); (METABRIC)
3.0	<p>Guest Speakers</p> <p>Professor Nick Stone <i>(Prof of Biomedical Imaging and Biosensing at the University of Exeter and Honorary Consultant Clinical Scientist Royal Devon and Exeter NHS Foundation Trust (RD&E))</i></p> <p><i>"Using light to identify breast malignancies: prospects for in vivo application and for a prognostic measure in DCIS"</i> Presentation slides available</p>
4.0	<p>Mrs Hannah Knight <i>(SpR Oncoplastic Breast Surgery (RD&E))</i></p> <p><i>"Examining the use of Tranexamic acid in Oncoplastic Breast Surgery"</i> Presentation slides available</p>
5.0	<p>LWBC Update <i>(Steven Johnson LWBC Project Lead, North Devon)</i></p>
5.1	SJ provided the group with a LWBC update for the Peninsula.
5.2	<u>Performance</u>
5.2.1	Feedback from the National LWBC conference highlighted that there is good activity across the country.

5.2.2	The recently published NHS Long Term Plan confirms that there will be a drive towards the provision of personalised care-this really describes the new terminology for LWBC activities.
5.2.3	COSD data shows that 20% of patients are being offered HNA's. IT challenges encountered by trusts has meant that there has been issues collecting and recording data. It is therefore believed that there are more HNA's being offered than is currently evidence by the data captured.
5.2.4	SJ discussed end of treatment Summaries and the best time for their completion. He explained that the national advice is to keep it simple and complete them when it is felt necessary (i.e. patients can have more than 1 EoTs).
5.2.5	Data reporting challenges were discussed.
5.3	<u>Health Needs Assessments</u>
5.3.1	Electronic HNA's have been implemented throughout the Peninsula and are working very well. HNA's have evidenced an unmet need concerning information and support for patients on welfare and benefits, and also a need for patients to be provided information as to appropriate referral services. There has been an increase in the use of counselling services.
5.4	<u>Recruitment</u>
5.4.1	A new cancer support worker (CSW) role has been introduced across the Peninsula trusts to help achieve the LWBC targets. The roles are working well and the support workers play a significant part in supporting the work of the CNSs.
5.4.2	A Peninsula CSW Forum is being held in May.
5.4.3	A Practice Nurse Facilitator post is due to go to advert shortly with the aim of influencing service delivery, education and pathway design.
5.5	<u>H&WBC</u>
5.5.1	There has been varied attendance at H&WBC from patients across the Peninsula; there are many variables that can influence attendance rates including how the clinics have has been introduced to the patient (and by whom), where the patient is on their pathway and where the patient lives in relation to where the event it held.
5.5.2	One of the main challenges is ensuring equity of access. Trusts are looking at providing a live digital streaming service for patients that are physically unable to attend a clinic.
5.5.3	Cornwall is using the "My Sunrise App", an information resource offered to support patients. Please click here for further information.

5.5.4	Some trusts are using a mixture of generic and site specific clinics. North Devon provides a self-management course similar to “HOPE”; Click here for more information.
5.5.5	Going forward the challenge is to ensure that the H&WB clinics are sustainable.
5.5.6	Links are being built with the community for example: free bowling memberships for patients in Torquay.
5.5.7	Patient led groups are also being created to provide peer to peer support.
6.0	Research Update
6.1	Duncan Wheatley provided the group with a research update for the Peninsula. Click here to view the slides.
7.0	Service Update
7.1	Carole Brewer provided the group with an update on genetic breast screening.
7.1.1	It has been decided that instead of holding a separate Familial Breast Cancer meeting, an update can be provided during the main Breast SSG meeting.
7.1.2	The group discussed that a 30% risk justifies surgery for genetic BRCA carriers.
7.1.3	BRCA 1 & 2 testing is still being offered, but this may alter in the future as the genomes project becomes more established.
7.1.4	The main research in genetic breast cancer currently being undertaken is EMBRACE (Epidemiological Study of Familial Breast Cancer). The researchers of this study aim to create a register of BRCA families. Participants are asked to complete a questionnaire and to give blood samples, in order to find out how many people go on to develop cancer, what other factors play a part in the development of cancer and how the cancer risk may be reduced. The ultimate aim is to find the best way to manage those with faulty genes in the future.
7.1.5	Women are opting for private screening; CB asked that this is not encouraged.
7.1.6	BRCA carrier meetings and groups are happening monthly along with a newsletter, and there are discussions as to the possibility of creating a group for men. The genomic tumour board are also meeting monthly.
8.0	AOB
8.1	JM asked for clarification with respect to the current position on patient risk stratified follow up:
	<u>Cornwall</u> - have been risk-stratifying patients for a while.
	<u>Torbay</u> - are also risk-stratifying patients.

	<p><u>North Devon</u> – will start to risk stratify from the 1st April.</p> <p><u>Plymouth</u> – have risk stratification in place.</p> <p><u>Exeter</u>- has started but have had IT challenges.</p>
8.2	The group discussed how to manage patients suffering who have breast pain, but no lump.
8.2.1	CI explained that these symptoms can cause high levels of anxiety and that she would rather see the patient then not.
8.2.2	The group discussed how to tackle this as in a recent audit 2% of patients with pain and no lump turned out to be cancer. They discussed setting up a separate pain clinic that GPs can refer them to, which could be nurse led with a separate proforma from the GPs.
8.3	ACTION - JM to look into how GPs are currently managing patients with breast pain.
8.4	Next meeting – NK to send out a poll to ask for feedback on what the preferred days of the week are for the next meeting.
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