Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance

Meeting of the SWAG Network Breast Clinical Advisory Group (CAG, formerly SSG)

09:30–13:30, Friday 1st March 2019, Penny Brohn UK, Chapel Pill Lane, Pill, Bristol, BS20 0HH

This meeting was sponsored by ASTRAZENECA, CHUGAI, MSD, PFIZER and ROCHE

Chair: Dr Mark Beresford (MB)

NOTES **ACTIONS**

(To be agreed at the next CAG Meeting)

1. Welcome and apologies

Please see the separate list of attendees and apologies uploaded on to the South West Clinical Network website here.

Attendance by radiology and pathology colleagues has notably improved.

The Clinical Nurse Specialist (CNS) team will pass on the contact details of Clinical Advisory Group (CAG) Manager Helen Dunderdale (HD) to patients who may be interested in learning about the role of Breast CAG User Representatives.

2. Review of last meeting's notes and actions

As there were no amendments or comments following distribution of the notes from the meeting on Friday 13th July 2018, the notes were accepted.

Actions:

Genomic Medicine: An update from the Genomic Medicine Centre will be requested once the test repertoire and commissioning structure have been defined.

Network audit - production of a protocol to audit the management of the axilla: For further discussion at a future meeting.

Network audit of staging investigations and pick up rate of metastatic disease: Consultant Oncologist Tom Wells (TW) is supervising a foundation student to undertake a pilot audit; once the criteria and requirements have been defined within the next few months, contacts will be sought in each centre to collect the data from the MDTs over a 6 month period.

Commissioning of symmetrising surgery: Somerset CCG has agreed to fund the surgery once an access policy has been completed. Timescales for its completion have yet to be defined; the CCG remains in breach of national policy at present. This item will be kept on the CAG agenda until equity of practice and compliance with national guidance is achieved.

3. Network issues

3.1 Multi-Disciplinary Team Meetings (MDTMs): National and Local Reforms

Please see the presentation uploaded on to the SWCN website

Presented by Mark Beresford

Mr Mark Sibbering has undertaken a parallel MDTM streamlining project, in addition to the late Prof Gore's national project, and specific to Breast Cancer. At the most recent UK Breast Cancer Group for Medical and Clinical Oncologists, an online survey, populated with votes from a wide audience, showed a variety of opinions relating to whether it was appropriate for all surgical biopsies to be discussed at MDTMs. The votes were strongly in favour of discussing all newly diagnosed breast cancer cases prior to commencing treatment and, where initially it was thought that oncology presence could be rationalised, the majority thought that it was important for oncology input for discussion of new, post-operative and recurrent cases. The majority did not think that implementing predetermined standards of care was appropriate for this disease site.

Solutions for streamlining were not considered to be 'one size fits all', and would vary according to how each meeting had been set up, and if this had included meeting preparation time.

One possible way could be to arrange a mini MDT, without oncologists, to discuss benign and straight forward cases with 2 surgeons, a radiologist and pathologist.

Any views or examples to improve MDT efficiency can be sent to mdtmtoolkit@gmail.com

MDT Leads Alexandra Valencia (NBT), Caroline Osborne (YDH) and Nicola Lawrence (RUH), took part in the NHS England MDT Streamlining Pilot. This involved timing every MDT discussion over a period of 8 weeks. The intention was to introduce a predetermined standard of care for some patients after 4 weeks, but there had not been assistance with developing this. It had not been proven that this was a viable solution as it is not always possible to predict when a wider discussion of a seemingly straightforward case might be required.

It was useful to note that in those cases where all essential information had been provided, discussion could be concluded in under 1 minute.

It was agreed that, as the RUH MDTM discusses a smaller number of patients, it is effective as it is, and no further streamlining is required.

The NBT MDTM is also organised efficiently, and is looking at ways to implement other processes to further streamline the workload. For example, by triaging cases of fibroadenoma. Preparation time is essential to enable this and needs to be properly resourced and planned. Outcomes need to be imported onto accessible hospital information systems.

The TST MDT was 2 hours long, and could include up to 60 patients. Again, the process

showed that it was not possible to predict when case discussions may need to be more extensive. This was found to be the same in the clinic setting.

It had been challenging for all to complete the dataset requested by the NHS England team in the short time frame; the data is due to be submitted today.

Results from the breast cancer specific project will be on the agenda of the next meeting, and any views on the subject can be sent for collation to HD.

3.2 The new 28 day faster diagnostic standard

Please see the presentation uploaded on to the SWCN website

Presented by Ed Nicolle (EN)

The new 28 day faster diagnostic standard applies to all patients referred via the two week wait system and aims to improve the time between symptoms to treatment for those diagnosed with cancer, and improve the time to rule out cancer and put people's minds at rest.

The benefit of ammunition to improve faster diagnosis for those patients who do have cancer was supported, although the burden of additional benign data collection was going to require extra resources.

The associated dataset includes 9 data fields that will be collected on the Somerset Cancer Register or Infoflex from April 2019. Performance will be measured from 2020; the target has yet to be defined.

Evidence will be gathered from clinic letters, which may drive improvements in typing turnaround times.

At a conference on the 7th March 2019, where information from 5 of the pilot sites will be discussed, how the new standard will apply to patients referred via the screening process, where there is a 3 week window from abnormal result to out-patient appointment will be raised. **EN**

4. Patient experience

4.1 National Cancer Patient Experience Survey (NCPES) 2017

Please see the presentation uploaded on to the SWCN website

Presented by Belinda Ockrim/CNS team

Results from the NCPES are available in the public sector. The survey is felt to be onerous to complete as it consists of 59 questions. The methodology has been frequently questioned, for example, on a question answer scale from 1 to 5, the extreme positive and negative are the only answers included in the results, and it was known that the British public had a tendency for not recording definitive answers. Results were also over 1 year late, during which time circumstances may have changed. The commentary was

found to be useful to inform service improvements.

Results from the radiotherapy related questions in Yeovil and Taunton differed, although this was the same service.

Results on the discussion of long term effects should improve over the next few years due to the completion of Holistic Needs Assessments.

Results for 'were you given a named CNS' and 'could you contact your CNS' were contradictory, raising the question of how helpful the survey was, and how the questions were interpreted by different individuals. However, results were used in Peer Review processes, so a meaningful interpretation is required to inform service improvements. It is hoped that the 2018 results will be more useful, as it will now be sent to patients seen in an outpatient setting.

Paperwork in Yeovil is currently being rebranded to match wording in the survey and avoid misinterpretation, for example, patient care diaries will be renamed 'care plans' and it will be made explicit that information on clinical trials is information on research. **BO**

The concerns most frequently raised by patients are fear of recurrence and financial issues, as having treatment for cancer can lead to numerous expenses; the need for financial advice was emphasised.

Patient Representatives will be asked for their opinions on the survey next time. **HD**

5. Living with and beyond cancer (LWBC)

5.1 Cancer Alliance LWBC activity

Please see the presentation uploaded on to the SWCN website

Presented by Belinda Ockrim (BO)

The Cancer Alliance had successfully bid for Transformation Funding from the national team to support LWBC activity (implementation of the Recovery Package and risk stratified follow up pathways). Funding has been spent on Cancer Support Workers to assist the CNS team with completion of Holistic Needs Assessments (HNAs) and organising Health and Wellbeing Events, and on additional Allied Health Professionals and Project Managers.

Continued receipt of funding depends on meeting targets associated with three cancer sites including breast cancer. The metrics, progress to date, benefits and challenges are documented in the presentation.

Now that HNAs are provided at the beginning of treatment, there is less need for end of treatment HNAs. HNAs are also undertaken during different times in the patient pathway according to patient needs.

Not all patients wish to accept the invitation to Health and Wellbeing Events.

An agreed stratified follow up pathway is in place and is being used.

Provision of End of Treatment Summaries is progressing slowly. These are intended to replace end of treatment clinic letters; they are not an additional requirement.

Some difficulties have arisen with collecting the data on metrics.

The loss of CSW staff due to fixed term contracts has been identified as a risk. It is vital that a robust evaluation is completed to ensure that the service can be commissioned. Project Manager Louise Worswick is compiling data for the evaluation.

Nationally, provision of end of treatment summaries varied, with some areas aiming to complete a different summary at the end of surgery, chemotherapy and radiotherapy, and other areas completing one summary at the end of all acute hospital treatments.

6. Quality indicators, audits and data collection

6.1 Long acting GCSF audit

Please see the presentation uploaded on to the SWCN website

Presented by Mark Beresford on behalf of Rebecca Bowen

Background:

It is no longer recommended to commission long acting (LA) granulocyte-colony stimulating factor (GCSF), used to reduce rates of febrile neutropenia (FN), now that a cost saving can be made by using short acting (SA)-GCSF.

Aim:

A retrospective single-centre cohort study to report the rate of FN and resulting hospital admission: LA-GCSF versus SA-GCSF prophylaxis, to ensure non-inferiority for safety

Methods and results are documented within the presentation.

Conclusion:

In the experience of this single-centre, SA-GCSF demonstrates a significant increase in FN admissions, inpatient stay and risk to dose density in comparison with LA-GCSF. Local agreement is to consider switching to LA-GCSF in those patients 'failing' SA-GCSF.

Discussion:

Consultant Oncologist Tom Wells had been advised to use SA-GCSF from Day 1 for 7 days, which may alter the results should a re-audit be undertaken. This will be taken into consideration.

6.2 Cancer Stats website

Please see the presentation uploaded on to the SWCN website

Presented by Helen Dunderdale

MDT members can now access their Cancer Outcomes and Service Dataset (COSD) from an NHS computer by registering on the Cancer Stats website: http://cancerstats.ndrs.nhs.uk/

7. Research

7.1 Clinical Trials update

Please see the presentation uploaded on to the SWCN website

Presented by David Rea (DR)

Recruitment figures (sourced from EDGE), open trials, and trials in set up are documented within the presentation. The national recruitment target for breast cancer is currently 10 per 100,000 of the population served; recruitment is on target to date.

Recruitment to time and target for cancer studies has improved, resulting in a slight increase in income to the network from the National Institute for Health Research (NIHR).

The metrics for measuring performance are being revised. It is thought that these will help recompense research activity according to the burden of disease type.

Principal Investigators are invited to use the research section of the CAG meetings to launch new trials. Information on open trials and those in set-up is available on the SWCN website to view within the MDT here. In addition, there is a list of trials available to open in new sites documented within the presentation. CAG members are to contact Portfolio Facilitator Jessica Bartlett if they are interested in opening any of these trials, who will make enquiries on your behalf: jessica.bartlett@nihr.ac.uk

Enquiries were made into the recruitment barriers associated with POSNOC. NBT was now a high recruiter to the trial and will share practice with the other centres.

7.2 OPTIMA (Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis)

Please see the presentation uploaded on to the SWCN website

Presented by Carmel Conefrey (CC)

Aim of OPTIMA:

To find out if a multi-parameter assay (Prosigna) can effectively and safely identify if a patient is likely to benefit from adjuvant chemotherapy or not.

OPTIMA is open in 94 sites, including 13 in Norway, and has recruited 1321 patients, with February 2019 being the highest recruiting month to date. The recruitment target is 4,500.

A qualitative recruitment study to understand the challenges and deliver strategies to improve recruitment on the spot is running in parallel. Recruitment needs to improve by one patient per month per site in order to meet the target. Details of challenges and how to address them are documented in the presentation.

An OPTIMA Investigator meeting will be held on Thursday 4th April 2019.

How and when a patient is approached about opportunities to join research trials can make a significant difference in the consent process.

Next meeting date: Friday 20th September 2019