

## National Audit of Breast Cancer in Older Patients (NABCOP) Clinical Steering Group

Wednesday 14<sup>th</sup> December 2016, 11am-1pm  
Research Board Room, Royal College of Surgeons of England

### MEETING MINUTES<sup>1</sup>

#### Present:

Prof Kieran Horgan (Chair)  
Prof David Cromwell  
Miss Marianne Dillon  
Prof David Dodwell  
Dr Deborah Fenlon  
Mr Ashu Gandhi  
Prof Margot Gosney

Prof Chris Holcombe  
Prof Ian Kunkler  
Ms Eluned Hughes  
Dr Yasmin Jauhari  
Ms Jibby Medina  
Dr Emma Pennery  
Dr Stanley Ralph

Prof Tom Robinson  
Dr Nisha Sharma  
Dr Carmen Tsang  
Ms Maggie Wilcox  
Ms Lynda Wyld

#### Apologies:

Ms Lis Grimsey  
Ms Mairead MacKenzie  
Mr Andrew Murphy  
Dr Alistair Ring

#### 1. Welcome, introductions and apologies

The chair welcomed the group to the Clinical Steering Group (CSG) meeting for the National Audit of Breast Cancer in Older Patients (NABCOP). All members in attendance introduced themselves, and apologies were given for those unable to attend.

#### 2. Declaration of any conflict of interest

None at this time.

#### 3. Minutes of the last Clinical Steering Group Meeting: 28 September 2016

All actions from the 28 September meeting had been completed, and two corrections were requested: (1) The spelling of Ian Kunkler's surname (page 1). (2) The publication month of the first Annual report (May not March 2017) (page 3). Minutes confirmed otherwise.

**Action 14/12-01:** JM to amend the confirmed minutes of the last CSG and publish them on the NABCOP Website.

#### 4. Matters arising

To be dealt with under Project Overview (point 6).

#### 5. Clinical Steering Group membership

The group reviewed the membership for NABCOP, and the Chair requested that members put forward suggestions for additional members if omissions were identified:

- It was suggested that the CSG should invite Jacquie Jenkins from Breast Screening to be a member of the group.
- The Audit had been contacted by Richard Simcock, the Chair of the Expert Reference Group (ERG) for Cancer Care in Older People convened by Macmillan about the potential to collaborate. MG stated she

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<sup>1</sup> Confirmed October 2017.

is a member of the Group and happy to act as a bridge between the two groups. It was agreed that the Chair of the Group, Dr Richard Simcock, should be invited to join the CSG. It was also agreed that the project team give a presentation on NABCOP to the group at one of their 2017 meetings.

**Action 14/12-02:** Project team to invite Jacquie Jenkins and Dr Richard Simcock to join the CSG.

**Action 14/12-03:** Project team to give presentation on NABCOP to Expert Reference Group.

## 6. Project overview

A brief update was given about the activities to date:

1. The Project Board (PB) and Clinical Steering Group (CSG) memberships have been confirmed.
  2. Contract Review meetings with the funder – the Healthcare Quality Improvement Partnership (HQIP): The first two of these took place in July and September 2016, with the 3<sup>rd</sup> meeting due to take place on the 14 December 2016. These meetings will be held 3-6-monthly thereafter.
  3. Key audit governance materials have been produced: NABCOP Communications Strategy, Project Initiation Document (PID) and Risk Register. These documents have been reviewed and signed off by the Project Board and HQIP.
  4. Approval to process patient identifiable information without consent (i.e. Section 251 approval) has been given by the Confidentiality Advisory Group (CAG) of the NHS Health Research Authority, on behalf of the Secretary of State.
  5. NABCOP will work with the National Cancer Registration and Analysis Service (NCRAS) of Public Health England (PHE) in relation to care delivered in England.
    - Discussions began with NCRAS in August 2016 on data requirements and data access for NABCOP. A Project Manager has been appointed by PHE, and will begin work in January 2017, to support data flows between NCRAS and NABCOP for the remainder of the Audit.
    - Analyses on the selected core indicators have begun using an extract of Hospital Episode Statistics (HES) data.
  6. An application to access standalone Patient Episode Database for Wales (PEDW) data is underway.
- **Communication with hospitals:** A list of NHS Trusts / Health Boards in England and Wales has been compiled with help from NCRAS and the Association of Breast Surgery (ABS). Organisations have been contacted about NABCOP and their participation in the Organisational Survey. No contact has been made with independent hospitals. MW suggested there was potential for the Audit to use “Use My Data” to help NABCOP to engage with patients being treated in these hospitals. MW also recommended viewing of a video on their website with a Northern Ireland breast cancer patient asking for her data to be used. KH and IK noted the structure of breast care in private hospitals differed from the NHS, including MDTs often not existing in private care (so challenge in capturing this data). This needs to be taken into account when deciding on data items and the analyses and metrics of interest. DC said the Mastectomy and Reconstruction Audit received data from the independent hospital associations. KH suggested it may be easier to approach independent hospitals once the Audit has settled on which patient data items are required.

**Action 14/12-04:** The Project Team to seek NCRAS’s input on facilitating access to independent sector hospitals.
  - **Data access – NCRAS and CaNISC:** MD advised that the process for requesting patient-level Welsh cancer data was changing. She offered to support the NABCOP project team to find out more about the data items available through CaNISC and the process of accessing data. It was suggested that members of the project team visit MD in Wales around March 2017 to discuss these matters further, as well as continue communicating before then. It was also suggested that KH contact Peter Barrett-Lee (member of the NABCOP Project Board) to find out more about the current state of play with obtaining Welsh cancer data.

**Action 14/12-05:** Project team to communicate with MD and PB-L about access to Welsh cancer registration data.

- **Core set of indicators:** Feedback on the document circulated before meeting was provided, and this input is to be incorporated into the final version.

**Action 14/12-06:** Project team to finalise the data items and core indicator documents for the ODR application and to make available to stakeholders; including via the NABCOP Website

- **Stakeholder engagement – communicating with (and incentivising) Breast Cancer Units:** Suggested actions proposed by the group included:
  - Holding a national meeting for all the data managers in order to improve buy-in to the Audit, and to involve Karen Graham, Head of Data Improvement at NCRAS as well as other representatives from cancer registries / IT companies (including Somerset). Webinars could also be held.
  - Launching the first Annual Report at the ABS meeting on the 15-16 May (current plan). This would be supported by a general communication strategy. It was suggested that this include UKBCG and other allied oncology groupings.
  - Writing to Medical Directors early on about how COSD data will be used in the audit – to improve its completeness/quality as well as about the set indicators that will be published. It was noted that the review of data by local data managers is different from the review of data by clinicians, as the latter is more likely to inform changes in practice (e.g. there may be gaps in how data are used locally).
  - Considering awarding gold, silver, or bronze status to outstanding audit participants (IK)
  - Providing clinicians who engage with the audit with certificates which they can use for their appraisal, e.g. in terms of the quality of data returns (LW).

**Action 14/12-07:** The Audit team to refine its communication plans for trusts and clinicians to improve their involvement with the audit.

## 7. Presentation of early results from the Organisational Audit

The organisational audit (questionnaire-based survey and set of case vignettes) had been launched in early November. The deadline for submitting the information had not yet passed but the team took the opportunity to present initial results from the early responders.

- JM presented a summary of the organisational survey results, including the staff within breast cancer units, the local process for reviewing COSD items, the composition of local MDTs and the integration of the care of the elderly teams in breast cancer care. It was noted that information on the involvement of the Care of the Elderly team in breast cancer care is currently unavailable from any other source. Overall, the early responses from approximately 1/3 of Trusts/ Health Boards provided encouraging feedback on practice. For example, responders reported high levels of reviews of COSD data.
- DD presented a summary of the case vignette results. In each case, there was a noticeable range in the estimates of life expectancy. It was commented that this highlighted the difficulty that staff within the breast cancer community have estimating life expectancy, particularly when a patient suffers from severe cognitive impairment. It was suggested that the dementia CQUINS data collected from trusts might be a useful source of information in unpicking the important factor of cognitive impairment, but it was unclear whether these data are accessible and whether they can be cross correlated with individual cancer patient registration data.

## 8. Presentation of early baseline patterns of care derived from HES data

YJ presented some preliminary work on patterns of breast cancer surgery among women aged 50 or more. There was considerable variability in breast conservation surgery rates according to age and comorbidities across the (old) Cancer Networks.

- It was suggested that some comorbidities were more influential than others in the pre-surgery assessment process. In particular, cardiorespiratory or stroke are much more influential than other comorbidities in influencing whether patient receives surgery.
- In addition, it was suggested that, surrogates could be used in analyses to look at the health of elderly patients - such as admission from nursing homes. It was also suggested the team could investigate whether social care records or social care visitors were available.

- It was suggested by NS that information on functional status was collected during imaging (e.g. ability to undress, lie down, etc). This information has the added benefit of being collected pre-MDT and might be more informative of the patient's general health. Whether it was entered into MDT systems was unclear.
- The work undertaken by two geriatricians in Guys' hospital was highlighted in this discussion, in particular their approach to assessing the fitness of older patients with regard to cancer treatment. They are part of the Macmillan Expert Reference Group ((ERG) and lead the assessment tools sub-group.
- KH suggested creating a sub-group of the CSG members interested in the assessment of health and fitness in older patients. It was suggested the group should consider whether existing tools/measures could be incorporated into the COSD dataset, and how to support routine collection of these data beyond NABCOP.

**Action 14/12-08:** NABCOP team to seek to work with the team from GSTT via the ERG.

**Action 14/12-09:** NABCOP team to form a sub-group of the CSG members interested in the assessment of health and fitness in older patients.

## 9. Date of next meeting

Thurs 29 June 2017 11:00-13:00 at the Royal College of Surgeons of England.

<b>Actions from Clinical Steering Group meeting: 14 December 2016</b>	<b>Owner</b>	<b>Status</b>
<b>Action 14/12-01:</b> JM to amend the confirmed minutes of the last CSG and publish them on the NABCOP Website.	Project Team	31 January 2017
<b>Action 14/12-02:</b> Project team to invite Jacquie Jenkins and Dr Richard Simcock to join the CSG.	All members	29 June 2017
<b>Action 14/12-03:</b> Project team to give presentation on NABCOP to Expert Reference Group.	Project Team	TBC
<b>Action 14/12-04:</b> The Project Team is to seek NCRAS's input on facilitating access to private hospitals.	Project Team	31 January 2017
<b>Action 14/12-05:</b> Project team to communicate with MD and PB-L about access to Welsh cancer data.	Project Team	29 June 2017
<b>Action 14/12-06:</b> Project team to finalise the data items and core indicator documents for the ODR application and to make available to stakeholders; including via the NABCOP Website – which was demonstrated briefly by the project team.	Project Team	31 January 2017
<b>Action 14/12-07:</b> The Audit should develop communication plans for trusts and clinicians to improve their involvement with the audit.	All members	15 May 2017
<b>Action 14/12-08:</b> NABCOP team to seek to work with the team from GSTT via the ERG.	Project Team	31 January 2017
<b>Action 14/12-09:</b> NABCOP team to form a sub-group of the CSG members interested in the assessment of health and fitness in older patients.	All members	Ongoing

**Jibby Medina**

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