

Clinical Steering Group Meeting

Monday 12th March 2020, 11:00-13:00
Research Board Room, Royal College of Surgeons of England

MEETING MINUTES

Present:

David Cromwell	Lis Grimsey (*)	Emma Pennery
Karen Clements (*)	Chris Holcombe	Alistair Ring
Marianne Dillon (*)	Kieran Horgan	Nisha Sharma (*)
David Dodwell	Jacque Jenkins (*)	Sophia Turner
Catherine Foster	Ian Kunkler	Carla Whitbread
Melissa Gannon	Jibby Medina	Lynda Wyld (*)
Margot Gosney (*)	Katie Miller	

Apologies:

Nicolo Battisti	Fiona MacNeill	Tom Robinson
Deborah Fenlon	Andrew Murphy	Janice Rose
Ashu Gandhi	Stanley Ralph	Richard Simcock

1. Welcome, Introductions and apologies

- The chair welcomed the group to the NABCOP CSG meeting. All members in attendance introduced themselves. Apologies were given for those unable to attend. Six members joined via teleconference*.
- No declarations of any conflicts of interest were made.
- The minutes of the last Clinical Steering Group Meeting on 28 November 2019 were reviewed and approved as a true and accurate record of the meeting.
- There were no matters arising.
- The chair welcomed Carla Whitbread, Patient Representative, from the charity Independent Cancer Patients' Voice (ICPV); attending the CSG for the first time.

2. NABCOP 2020 Annual Report – 1st draft

- JM updated the steering group on work to draft the 2020 annual report, including previous CSG feedback, in a “you said, we listened” format. JM and the PT thanked the group for their valuable input and asked that members help disseminate the 2020 report findings – as done for previous years; and for which we are grateful.
- MG provided an introduction to the draft NABCOP 2020 Annual Report, circulated to the CSG prior to the meeting, reporting on women, aged 50+ years, diagnosed in England and Wales from 01/01/2014 to 31/12/2018.

Action: 12/03-01: JM will liaise with EP regarding the potential for Breast Cancer Care/Now to conduct an interview with a NABCOP representative, to publicise the NABCOP 2020 findings.

2.a. Ch 3. Fitness assessment form for older patients in breast clinic pilot:

- KH presented the chapter on the fitness assessment form. ST suggested adding a link to the Bridging The Age Gap (BTAG) prediction tool. KH reassured the group that joined up working

with LW's input is ongoing.

- The form has received good feedback, but there have been some concerns raised on how to utilise the form amongst other clinical tasks. EP and CH raised questions about who is completing the form and what the 'magic score' to trigger intervention might be. It was noted that the form should be used as part of clinical assessment but each unit should decide how based on their protocols. The next step is to publicise the form amongst the surgical community and continue receiving feedback re. how the form may best be used. Ideally, leading to the sharing of best practice through case studies.
- KH confirmed information collected on the form will be captured within COSD Version 9 from July 2020.

Action: 12/03-02 KH will liaise with LW to create links to BTAG work.

2.b. Ch4 and Ch5. Participation, data completeness and patient characteristic:

- Data completeness has plateaued for all age groups (three age groups: 50 to 69, 70 to 79 and 80 and above years of age). The NABCOP are keen to emphasise the importance of recording ER and HER2 status for all women with invasive breast cancer, regardless of age. The group discussed this. It was agreed that HER2 status should be established for every patient apart from those rare circumstances where it was clear that it would not influence care, but it should not be age dependent. MD suggested including the subject within the next organisational survey re. whether units have a HER2/ER testing policy that is age dependant.
 - In relation to Figure 5.2 in the draft 2020 Annual Report, CH questioned whether there would be any scope to produce a graph of incidence, as to the lay person it would appear that commonality decreases with age; KH requested CH reflect and feedback suggestions on how this could best be displayed.
 - The CSG discussed how women over the age of 70 can be better informed on their ability to self-refer for breast cancer screening. The distribution of appropriate screening leaflets amongst NHS organisations was discussed, JJ offered to investigate this.
 - IK suggested adding a summary of patient and tumour characteristics to the infographic, highlighting that tumour characteristics are similar across age groups. The PT will explore this.
- Action: 12/03-03:** JJ will share any information gleaned on the distribution of screening leaflets amongst NHS Trust in England.

2.c. Ch6. Diagnosis and supportive care:

- Patterns in diagnosis and supportive care are similar to that seen in the 2019 Annual report. The rates of screen-detected cancer are higher possibly due to the breast screening incident and a change in source of the screening flag (using data from the screening audit as previous data not up to date).
- Triple diagnostic assessments (TDA) in a single visit are not taking place as often as expected, potentially due to the pressures of referrals. From July, confirmation as to whether a TDA happened in a single visit can be recorded as part of COSD v.9. DD commented that in the recent GIRFT report TDA in a single visit is not marked as mandatory.
- The 2020 NABCOP report found 96% of patients had contact with a breast CNS or named key worker, however data completeness has decreased in Wales. Involvement of a breast CNS is routinely collected as an individual data item within COSD; this is the item the NABCOP uses (for English data returns).
- CH asked about outliers being written to re TDA. DC and DD confirmed that DC and DD confirmed that the PT is drafting guidance on actions around this.
- IK suggested adding the three most important messages from the audit into the executive summary. For example, on TDA, the recording of biological characteristics, and fitness assessment.

2.d. Ch7 to Ch9. DCIS, early invasive and metastatic breast cancer:

- Ch 7. DCIS – Receipt of surgery decreased with age. Adjuvant radiotherapy use varied by age and across NHS organisations. 89% of women agreed that they had all the information they needed about their radiotherapy treatment before they started. The following recommendation was discussed: NHS organisations, commissioners, and NICE should consider adopting a more prescriptive policy concerning the management of DCIS that covers the use of surgery and adjuvant therapies in older women, in the context of any comorbidities and frailty.
- Ch 8. Early invasive breast cancer – Receipt of surgery decreased with age and variation was most marked amongst women with ER positive breast cancer. The group discussed the matter of patient choice as LW suggested that some of the patient group would not like the idea of having an operation. Unfortunately, data on treatments offered are not routinely collected. IK suggested that when results are felt robust enough if we suspect these findings reflect poor practice the PT should consider escalating this to other bodies e.g. CQC.
- Ch 9. Metastatic breast cancer – Presentation with metastatic breast cancer increased with age. There was variation in use of chemotherapy across NHS organisations, regardless of age.
- KH highlighted this data only relates for patients with metastatic breast cancer at first diagnosis. DD highlighted the need to drill down and explore further. CH asked whether an audit message should be that elderly patients self-examine or present earlier. KH felt that there is no medical/research evidence that self-examination leads to better outcomes.

2.e. Ch 10. Outcomes – on short-term outcomes for invasive breast cancer, following chemo:

- Mortality rates were generally low and differed little by age. However, patients receiving systemic therapy for advanced disease had higher rates of post-treatment mortality.
- KH flagged that data recording for recurrence is poor. The NABCOP aim to publicise where these recurrence episodes should be recorded within COSD.

2.f. Infographic:

- KH welcomed feedback on the content and design of this. ST suggested it could express the increasing risk of developing breast cancer for women over the age of 70. JJ suggested a patient friendly infographic available in the public domain, which could be linked to by various organisations, might be useful.

Action 12/03-04: The PT will seek input from the CSG's patient representatives and advocates on producing patient friendly summary materials (e.g. on the patient journey).

2.g. CPES Data: JM invited the CSG to email any questions they have regarding this.

Action 12/03-05: In response to the detailed discussion of the draft chapters of the report, the PT will use the feedback provided by the CSG, to refine the content of the 2020 Annual Report; implementing changes to address key points as appropriate. Feedback has included:

- Including a question in the organisational audit on whether units have a HER2/ER testing policy that is age dependant.
- Show variation in HER2/ER status completeness by NHS organisation.
- Include a summary of patient and tumour characteristics in the infographic, highlighting tumour characteristics are similar across age groups.
- Update the infographic, executive summary and recommendations to highlight the most important messages from the audit.

3. Project overview

a) Highlights since November 2019. Incl.

- The NABCOP had a stand at the Interdisciplinary Breast Cancer Symposium (27-28 January 2020), a presence at various COSD V9 Roadshow events (January & February 2020), and recently presented audit findings at a Wales Cancer Network meeting (11 March 2020). KM and JM

thanked MD for invitation to the WCN event, which both KM and ST presented at. Feedback from these events has been positive.

- NABCOP received the Welsh and English datasets for the report in time to produce the 1st draft of the NABCOP 2020 Annual Report; sent to HQIP (NHSE) on 5 March 2020. The anticipated publication date is 11 June, in line with the ABS 2020 annual conference.
 - A Specification Development Meeting is due to take place on 24th April to discuss next steps in the process to recommission the NABCOP after Year 5.
- (i) The NABCOP initiative to change practice is aligned with the audit's Quality Improvement (QI) goals, due for revision in May 2020:
- Increase the rate of surgery for fit older women with early invasive breast cancer.
 - Increase the use of a reliable, consistent description of patient frailty and cognition.
 - Improve completeness of key clinical data items, specific to the audit.
- (ii) The audit has published 2 peer reviewed journal articles so far in 2020 (available on the audit website https://www.nabcop.org.uk/publications/?filter_type%5B%5D=journals).
- Action 12/03-06:** CSG members will share suggested modifications, or new items, to consider when updating the audit's 3 QI goals.

4. Publication of 2020 Outputs

- a) Planned publication– The PT confirmed this is anticipated to be 11 June 2020.
- b) Supplementary materials - The PT welcomed any suggestions for enhancements to the 2020 report supplementary materials.
- Action: 12/03-07:** CSG members will provide any additional feedback on the draft NABCOP 2020 Annual Report – and supplementary materials – by 7 April 2020.
- c) Publication of public and patients version – KH gave thanks for input into the public and patient annual report.
- Action 12/03-08:** The PT will work with the CSG's patient representatives and patient advocates to draft a public and patient version of the report.

5. Any other business

- The PT plan to launch the NABCOP 2020 Organisational Audit in June 2020 and will use the ABS conference to encourage participation.
 - An update on collaborations with GIRFT, COP and CQC was provided.
- Action: 12/03-09:** The PT will provide feedback on the draft GIRFT national report (shared with the PT recently) due for publication later in 2020.
- Action: 12/03-10:** The PT will collaborate to agree an updated version of the slides for CQC inspectors.
- Date of the next meeting: **Thursday 26th November 11:00-13:00** at the Royal College of Surgeons of England.

Actions from Clinical Steering Group meeting: 12 March 2020	Owner	Due Date
Action: 12/03-01: JM will liaise with EP regarding the potential for a Breast Cancer Care/Now to conduct an interview with a NABCOP representative, to publicise the NABCOP 2020 findings.	JM/EP	11 Jun 20
Action: 12/03-02: KH will liaise with LW to create links to her Age Gap work.	KH/LW	Ongoing
Action: 12/03-03: JJ will share any information gleaned on the distribution of screening leaflets amongst NHS Trust in England.	JJ	26 Nov 20
Action 12/03-04: The PT will seek input from the CSG's patient representatives and advocates on producing patient friendly summary materials (e.g. on the patient journey).	PT	11 Jun 20
Action 12/03-05: In response to the detailed discussion of the draft chapters of the report, the PT will use the feedback provided by the CSG, to refine the content of the 2020 Annual Report; implementing changes to address key points as appropriate. Feedback has included: <ul style="list-style-type: none"> - Exploring including the subject within the next organisational survey re. whether units have a HER2/ER testing policy that is age dependant. - Exploring the inclusion of a graphical way to show the variation in HER2/ER status report. - Exploring the addition of a summary of patient and tumour characteristics to the infographic, highlighting that tumour characteristics are similar across age groups. - Updating the executive summary and recommendations to highlight the most important messages from the audit. 	PT	11 Jun 20
Action 12/03-06: CSG members will share suggested modifications, or new items, to consider when updating the audit's top-3 2020 QI goals.	CSG	11 Jun 20
Action: 12/03-07: CSG members will provide feedback on the draft NABCOP 2020 Annual Report – and supplementary materials – by 7 April 2020.	CSG	11 Jun 20
Action 12/03-08: The PT will work with the CSG's patient representatives and patient advocates to draft a public and patient version of the report.	PT	11 Jun 20
Action: 12/03-09: The PT will provide feedback on the draft GIRFT national report (shared with the PT recently) due for publication later in 2020.	PT	31 Mar 20
Action: 12/03-10: The PT will collaborate to agree an updated version of the slides for CQC inspectors.	PT	1 Aug 20

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