

Meeting of the Peninsula Breast Care Nurses (BCNs)

Monday 24th September 2018

@ 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 (to be ratified at the next BCN meeting)

Chair/s: Claire Herlihy and Amy Barrow (BCNs NDHT)

Reference	Notes
1.0	Welcome and Introductions.
1.1	Refer to separate record of attendance here .
1.2	The minutes of the meeting held on 5 th March 2018 were considered and accepted as an accurate record.
2.0	Pan-Peninsula Updates
2.1	North Devon
2.1.1	Lead breast care consultant John Groome has now retired and returned to provide locum cover for October.
2.1.2	A new consultant has been appointed and is due to commence in November 2018 alongside locum cover. It is hoped that there will be scope for additional complex surgery at NDHT.
2.1.2	CH has just completed the history taking and physical assessment course at the Marsden.
2.1.3	AB remains in her development post which is due to be re-evaluated.
2.1.4	The team are currently looking at developing stratified follow-ups and end of treatment summaries as part of the implementation of the LWBC recovery package.
2.2	Plymouth
	The team has relied on locum cover in the absence of adequate consultant

staffing due in part to unforeseen circumstances.

The nursing team has expanded and now includes;

- 3 primary breast care nurses
- 1 full time breast reconstruction nurse
- 1 band 4 support worker (with transformation funding from the LWBC bid)
- 1 metastatic breast care nurse

The team are currently focusing on end of treatment summaries.

Cornwall-Metastatic

A full time nurse has been appointed, with a band 4 support worker to work alongside WA. An end of life pathway is being developed.

Breast oncologist staffing has been challenging.

Cornwall-Breast Care Service

The team are now fully staffed and two new members of staff are due to commence the breast care course in November.

Current team work includes a focus on treatment plans, HNAs and updating policies and procedures.

Exeter-Breast Screening (INHEALTH)

Screening for patients that were missed to recall is now almost complete. Invitations for patients aged 73+ are to go out.

Clinics are no longer running in Barnstaple but continue in South Molton. There are plans to facilitate a mobile clinic in the Holsworthy area subject to finding a suitable location to hold a results clinic.

Clinics for foreign nationals have been underway in Exeter with the help of interpreters.

There have been significant staffing challenges with the loss of 2 radiographers and a third on leave; this has impacted on the ability to carry out vacuum biopsies/stereos. The interim plan is for patients to be re-routed to hospitals.

Consultants at INHEALTH are also due to receive training to expand their scope of practice.

Exeter-Breast Cancer Service

Not much change to report; current staffing levels are 8 (6 WTE) and it is hoped that an increase in hours will extend the capacity for the reconstruction support service.

A new band 4 support worker has joined the team on a 2 year FTC (with

	<p>funding from the successful Alliance Transformation bid) and will help the team with the delivery of H&W clinics and eHNAs; this is a new post and will evolve in time.</p> <p>The breast care nursing assistant role has been in development for the last 2 ½ years and is awaiting panel decision to go out to advert.</p> <p>Exeter does not currently have a dedicated metastatic breast care nurse; however there may be an opportunity to apply for external funding for this. There have also been discussions about a possible band 8a breast care specialist nurse post.</p> <p>The breast team are due to be assessed for possible re-banding/uplifting of current banding.</p> <p>Concerns have been raised as to the difficulty in attracting nurses to vacancies and discussions have arisen as to whether or not there is disparity with banding of nurses in comparison to colleagues working in major city trusts.</p> <p>Exeter is awaiting the introduction of “my care” and all cancer sites are yet to transfer over to Infoflex fully.</p> <p>It has also been noted that there are a significant number of women over 50yrs who are keen to have a support group and the BCNs are looking to work on this with FORCE.</p> <p>Torbay</p> <p>Torbay is currently undertaking some restructuring of nursing staff (senior staff).</p> <p>Michelle Knight (Metastatic Breast Care Nurse) has been in post now for 1 year. Support groups are due to commence in October on a monthly basis in collaboration with breast cancer care. MKs work includes a number of domiciliary visits for patients who are poorly but whom do not want palliative care.</p> <p>Key challenges for the team have been staff vacancies and sickness.</p> <p>The Breast team have moved over to stratified follow-ups and consultants are undertaking discharge clinics-surgeons are introducing discharge to patients earlier in the pathway in order to help them prepare for it.</p>
	<p>End of Treatment Summaries (EoTs)</p> <p>Torbay started EoT summaries at the beginning of the year and this work has gone live. There are pathways in place for patients to self-refer back in to the hospital therefore bypassing their GP, and nurse led triage of this cohort.</p> <p>NDHT are about to start EoT summaries.</p> <p>It was noted that there has been some reluctance across the Peninsula to</p>

	discharge patients earlier.
	AOB Gill Gray will chair the BCN group for a term of 1 year from the date of the next meeting (March 2019-TBC). Action: NK to contact the lead nurses at each trust to share any existing stratified pathways and H&W clinic information.

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