

**Meeting of the Breast Site Specific Group**

Monday 24<sup>th</sup> September 2018

Roadford Lake, Broadwoodwidge, Devon

**THIS MEETING WAS SPONSORED BY ASTRAZENECA, NOVARTIS  
PFIZER AND ROCHE**

**The sponsors had no control as to the educational content of this activity**

**FREEDOM OF INFORMATION**

*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	<b>Welcome and Introductions</b>
1.1	Please refer to separate record of attendance via this <a href="#">link</a> .
1.1.1	The minutes of the meeting held on 5 <sup>th</sup> March 2018 were reviewed and accepted as an accurate record.
2.0	<b>Guest Speakers</b>
2.1	<b>Sarah Delfont, Lead Oncology Support Specialist FORCE Cancer Charity, Exeter</b>
2.1.1	<i>“Managing the psychological challenges of breast cancer”</i>
2.1.2	Presentation slides available via this <a href="#">link</a>
2.2	<b>Wendy Aynsley, Clinical Nurse Specialist Metastatic Breast Cancer Royal Cornwall Hospitals NHS Trust</b>
2.2.1	<i>“The role of the Metastatic Breast Cancer nurse specialist”</i>
2.2.2	Presentation slides available via this <a href="#">link</a>
2.3	<b>Anita Sharma-ST7 Registrar</b>
2.3.1	<i>“Introducing a new procedure: Radioiodine Seed Localisation of non-palpable breast lesions”</i>
2.3.2	Presentation slides available via this <a href="#">link</a>

2.4	<b>John McGrath, Consultant Urologist and Clinical Lead (Royal Devon and Exeter NHS Trust) Deputy Director - SW NHS Genomic Medicine Centre</b>
2.4.1	(100,00 Genomes Update)
2.4.2	The NHS is the first health service in the world to apply genomics to routine care.
2.4.3	<p>There are currently 3 key focus areas for the Peninsula;</p> <ul style="list-style-type: none"> <li>(i) Completion of the 100,000 Genomes project</li> <li>(ii) Return of patient results</li> <li>(iii) Configuration of an NHS Genomics Medicine Service</li> </ul>
2.4.4	Over the next few months there will be a transition phase from a project to an NHS service; There are 7 Acute trusts in the Peninsula that form the “South West Genomic Medicine Centre”.
2.4.5	<p>Over the last three years work has been carried out across a variety of tumour sites; this has created a number of learning opportunities, including;</p> <ul style="list-style-type: none"> <li>• how new pathways can be developed</li> <li>• how the consent process can be further refined</li> <li>• how to effectively manage fresh tissue samples</li> </ul>
2.4.6	It is hoped that Genomic Medicine will help to support precise, personalised treatment, to help patients understand their degree of risk, their diagnosis and whether more targeted treatment options can be identified and offered.
2.4.7	The 100,000 genomes project is currently in its last few months, results are now starting to come back, with the expectation that the time frame for results of full genome sequencing will be reduced from up to 2 years, to 14 days.
2.4.8	Work has been undertaken with MDTs to help clinicians understand the results, and the relevance/impact of such results on patients. Information is provided to help guide key decisions as well gain a better understanding of what clinicians and patients want from a genomics service.
2.4.9	The last samples from the project will be sequenced in January 2019 with an ambition for all results to be available by May 2019.
2.4.10	The NHS Genomics Medicine Service will start to filter in from early 2019 (life science/research elements potentially from April 2019).
2.4.11	A new test directory will bring together existing clinical genetics and cancer services with GMCs and the new genomic laboratory hubs to provide seamless delivery of services across England. Not all tumour sites will “go live”; Sarcoma, leukaemia and paediatrics will be the starting point from which the service will expand.

2.5	<p><b>Living With and Beyond Cancer-an update from Steven Johnson (LWBC Project Lead, North Devon Healthcare NHS Trust)</b></p>
2.5.1	<p>Work is now well underway across the Peninsula to deliver the elements of the Recovery Package (HNAs, Health and Well-being events, end of treatment summaries and GP cancer care reviews) as well as risk stratified follow-ups.</p>
2.5.2	<p>There is a need to ensure parity for all cancer patients, including support for self- management and to ensure clarity around rapid/direct access back into cancer services should the need arise.</p>
2.5.3	<p>There are many benefits to adopting this approach to patient care including; decreased hospital visits, standardisation of care and better informed patients/carers.</p>
2.5.4	<p>Transformation funding (via NHSE) has been made available to all 5 Peninsula Cancer Alliance Trusts to help support implementation of the recovery package at a local level. Service improvements are being monitored by the Cancer Alliance via the designated LWBC project leads and through monthly reporting of progress to region (NHSE SW).</p>
2.5.5	<p>Money has been utilised slightly differently across the Peninsula, however a number of support roles have been facilitated to work alongside CNSs to deliver eHNAs and health and well-being clinics.</p>
2.5.6	<p>IT systems to help support implementation and reporting have been a challenge. It is hoped that there will be an increase in the uptake of remote monitoring for suitable patient cohorts as more robust systems become available.</p>
2.5.7	<p>Torbay has run a stratified follow-up pathway for about 1 year-patients are managed by the use of a “virtual clinic” on PAS.</p>
2.6	<p><b>CCG/STP Update-Bev Parker Head of Planned Care Commissioning, South Devon and Torbay CCG</b></p>
2.6.1	<p>Work over the last 6 months includes;</p> <ul style="list-style-type: none"> <li>• The development of a peninsula pathology board developing a network in line with national strategy the highlights of which are :-</li> <li>• A bid for digital histopathology has been submitted as part of this work</li> <li>• Focus workgroups leading on cost savings and increased efficiency in blood sciences, microbiology and immunology across the peninsula</li> </ul>
2.6.2	<p>There are vulnerabilities in some services across the Peninsula-the histopathology group are sharing their thoughts on what approaches can be taken collaboratively to ensure that patient needs are met.</p>
2.6.3	<p>Work is underway nationally to look at MDT efficiency and streamlining. There is a local event on 4<sup>th</sup> October (led by the Cancer Alliance) to focus on</p>

	achieving best practice.
3.0	<b>AOB</b>
3.1	Nil declared.
3.2	<b>Date of next meeting</b>
3.2.1	TBC
3.3	<b>Requests for discussion at the next meeting</b>
3.3.1	New NICE guidelines

-END-  
**DRAFT**