Peninsula Cancer Alliance

Minutes of the PCA Breast SSG

Monday 26th October 2020

MS Teams Conference Call

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.

Meeting Minutes

SSG Chair: Charlotte Ives
Consultant Breast Surgeon, Royal Devon and Exeter NHS Foundation Trust

Attendance:

PCA	Beth Kingshott	PCA SSG Support Manager
RDEFT	Carole Brewer	Consultant Clinical Geneticist
RDEFT	Charlotte Ives	Consultant Breast Surgeon
GLH	Daniel Nelmes	SW Genomics Lead
UHP	Gemma Vickery	Breast Cancer Nurse Specialist
RDEFT	Gill Gray	Breast Cancer Nurse Specialist
TSDFT	Jacquie Rees-Lee	Consultant Breast Surgeon
RDEFT	Janice Dell	Breast Cancer Nurse Specialist (INHEALTH)
PCA	Jonathan Miller	PCA Manager
NDHT	Karen Hillman	Breast Cancer Nurse Specialist
UHP	Kate Lansdell	Breast Cancer Nurse Specialist
TSDFT	Laurie Elder	Breast Cancer Nurse Specialist
RCHT	Mel Terry	Service Manager
PCA	Sarah-Jane Davies	Programme Manager
RDEFT	Sarah Hillman	Breast Cancer Nurse Specialist
UHP	Sarah Laine	Breast Cancer Nurse Specialist
UHP	Udaiveer Panwar	Consultant Oncologist

Apologies:

NDCCG	Bev Parker	Head of Planned Commissioning
UHP	Jim Steel	Consultant Radiologist
UHP	Maria Verroiotou	Consultant Surgeon
TSDFT	Michael Green	Consultant Breast Surgeon

Reference	Notes
1.0	**Welcome and Introductions**
1.1	No amendments or comments following the distribution of the notes from the meeting in May 2020.
2.0	**Does my Patient need a DEXA Scan?** Dr Mary Brown, Consultant Rheumatologist
2.1	*Please see slides circulated with the minutes for further information.*
3.0	**Alliance Business/ Service Updates** Sarah- Jane Davies, PCA Programme Manager
3.1	*Please see slides circulated with the minutes for further information.*
4.0	Introduction of rapid diagnostic services
4.1	The PCA has been asked to transform all pathways into RDS.
4.2	A NSS pathway has been introduced for those patients whose symptoms do not fit into a specific tumour site
4.3	Torbay has implemented a breast pain pathway and the alliance has provided funding to each trust to introduce something similar.
4.3.1	Torbay initially had a lot of success by changing the way these patients came into the service. Expectations have been managed by avoiding unnecessary imaging and by running bra fitting services and breast awareness sessions within these clinics. However due to Covid there has been challenges.
4.3.2	Exeter implemented telephone clinics due to Covid. Although results have not been looked at, it has felt harder to triage pain referrals out and a lot of patients are not reassured by telephone calls and subsequently still coming in.
4.3.3	In Cornwall a pain pathway has been consolidated with the symptomatic pathway due to Covid, however pre Covid two pathways were in place. The team is aware this needs to be looked at when capacity across the services improves.
4.3.4	North Devon have nothing separate at this time as there are struggles with room capacity and staffing. A pain pathway is currently integrated into symptomatic clinics.
4.4	ACTION: BK to circulate pain pathway slides with the minutes.
5.0	PCA Literature Review into remote consultations

5.1 Due to the pandemic, the alliance undertook a literature assessment on the use of virtual consultations.

5.2 SJD shared a summary of findings. This includes a set of recommendations asking teams to consider patient preference, patient capabilities and personal needs in terms of whether a virtual consultation is suitable.

5.3 Unlikely that cancer services will to go back to full f2f appointments.

5.4 The Alliance would like SSGs to consider where the use of remote consultations can become normal practice and where this might not be appropriate.

5.4.1 Torbay

At the beginning of the pandemic, the team had a period where remote consultations were used for those who did not need consent. The decision to see them f2f or virtual was made pre MDT or at MDT.

The use of a speakerphone has worked better rather than video and a Breast Care Nurse is also present at the call.

5.4.2 Exeter screening service ran all consultations remotely during the first lockdown, but have now reverted back to f2f.

5.4.3 Cornwall

Have found a benefit to offering both f2f and virtual clinics and would like to continue using virtual where suitable.

5.4.4 Plymouth

From and oncology point of view, using telephone consultations with a speakerphone and nurse present is very effective.

5.5 The group suggested that it would be helpful to audit patient's views on virtual consultations across the Peninsula.

5.5.1 SJD explained that as RDS goes live, the team will undertake PULSE surveys within each tumour site. This includes questions around virtual consultations. SJD will feedback when the survey results are retuned.

5.6 ACTION: BK to share the PCA Literature review summary to the group with the minutes.

6.0 **MAMMA Study**

6.1 Ms Alona Courtney, NIHR Academic Clinical Fellow in General Surgery

See slides circulated with the minutes for further information.

6.2 Please visit www.mammastudy.com to sign up.

7.0 **An Introduction to MIA- AI Radiology Tool**

7.1 The Cancer alliance is in discussions with Kheiron to explore whether the Peninsula could be part of a screening pilot. The PCA is awaiting the outcome of discussions between PHE and NHS Digital considering the digital infrastructure.

7.2 No Radiologists present on the call to comment.

8.0 **AOB**

8.1 Date of next meeting : TBC

8.2 ACTION: add Gynaecomastia to agenda for next meeting

END