

London Cancer Breast Cancer Tumour Pathway Board Annual Report 2018-19

Introduction

London Cancer incorporates the geographical areas of North Central and East London and West Essex with a population of 3.7 million. Since 2016, London Cancer has become one of the six principal programmes of the UCLH Cancer Collaborative.

The Breast Cancer Tumour Pathway Board is a cancer specific board led by Dr Rebecca Roylance, Tumour Pathway Director. Its membership includes representation from cancer professionals across the region and active participation from primary care and from patients.

The role of each pathway board is to understand any variation in practice and set standards that take advantage of planning whole pathways of cancer care for a large population. This drive to improve cancer care for patients covers an integrated care pathway that extends from presentation and diagnosis through to palliative care and living with and beyond cancer.



Dr Rebecca Roylance, Pathway Board Director

“The board has had another busy and productive year. I continue to be enormously grateful to all the members of the board for their energy and enthusiasm in finding the time to contribute to the work of the board and effect positive change for the benefit of all our patients.” Dr Rebecca Roylance

Achievements this year

This year, there has been a focus in the board on MDT improvement, both through streamlining the MDT and through encouraging patient referral into the Risk Reducing Mastectomy Audit.

The Breast Care Nurses Forum has continued to be very active under the leadership of Claire Mabena, and taken a leading role in projects including the Breast Care Nurses Survey.

Our key achievements have been:

1. MDT Improvement at Barts Health
 - Virginia Wolstenholme has led on a project to streamline the Breast MDT. This is achieved by triaging appropriate patients on pre-defined pathways and thus preventing unnecessary MDT discussion, and by removing patients from the agenda that do not have the necessary materials for discussion in advance of the meeting.
2. Risk Reducing Mastectomy (RRM) Audit
 - Antony Pittathankal has led an audit of risk reducing mastectomies across the network. It has considered patients referred into the RRM MDM, established by the board, and analysing whether recommendations are being adhered to, whether timely action is being taken and if MRI scans are available in advance or referral. Overall, the audit reveals that as

time has progressed, more patients have the correct scans in place prior to referral, and more patients are following treatment decisions recommended in the RRM.

3. Stratified follow up
 - The board have continued to roll out the implementation of stratified follow up, with the support of Sharon Cavanagh. The number of trusts offering this has now increased.
 - The Breast Cancer Stratified Follow-up Guidelines have been updated and are available on the website.
4. Implementation of Denosumab self-administration
 - The board have continued to support implementation of self-administration of Denosumab across NCL trusts. This enables patients to avoid lengthy and unnecessary visits to hospital, improving patient experience, whilst also saving hospital workforce and facilities.
5. Breast Cancer Education Event
 - In July, the pathway board held an education day for over 100 clinicians, patients and carers from across north and east London. Chaired by Jasdeep Gahir and Emma Spurrell, the day included updates on current national breast cancer policy and feedback from research studies. Feedback from the day was very positive, and presentations from the event are available on the breast pathway board website page: <https://www.uclh.nhs.uk/OurServices/ServiceAZ/Cancer/NCV/LC/Pages/Breastpathwayboard.aspx>
6. The Breast care nurses forum is a subgroup of the Breast Pathway Board. 2018-19 key achievements have been;
 - Breast Care Nurses' Survey: Claire Mabena and Deborah Glover have led a Breast Care Nurses' Survey. The survey was inspired by the findings in the recent Macmillan audit and focused on workforce and succession planning. This has revealed some interesting insights into overtime, support available to staff, retirement plans and succession planning. The information will be used across the network to form recommendations and pre-empt workforce issues that could arise without adequate succession planning.
 - Increased completion of HNA assessments: 51% of patents in 18/19 had an HNA before treatment, which is an increase of 5% on last year. This has been achieved through a variety of methods, including increased use of e-HNAs, offering patients the opportunity to complete these at home, translation into other languages and support staff to aid completion in clinics. There is still room for improvement, particularly in post treatment HNAs where the completion rate is only 16%, so this work will continue into the following year.

Patient representation

The board were greatly saddened by the passing of Leslie Cousins. Leslie Cousins had sat on the board since 2014. She contributed to numerous projects and she will be sincerely missed.

This year, two patients have supported our board, informing our projects and discussions: Patricia Dean and Deborah Glover. We have recently welcomed a third patient representative to the board Eithne Cullen, and are looking forward to benefiting from her insight. Deborah Glover has contributed to a specific project reviewing of the nursing workforce in breast cancer. This will be used to inform workforce and succession planning across NCEL.

Despite the challenges of keeping any group comprised of clinicians and other health care professionals together and motivated in the current climate, our Board has continued to move projects forward in a largely timely manner.

For me, the most exciting is the current review of the Breast Care Nursing Service; the aim is to ensure that the service provided is, as far as is possible, equitable and fully comprehensive, and that recruitment and succession planning for each organisation will meet current and future demand. We have undertaken a baseline survey and are conducting further in-depth interviews with a cohort of responders. Preliminary results indicate that there are issues to be addressed, but as expected, the Nurse Specialists in these roles are exploring ways to deal with those they can!

At the risk of repeating my thoughts from last year's report, as a patient it is a privilege to be able to contribute to the Board, and I appreciate the opportunity to provide the patient voice. While at times it feels like things are moving at a glacial pace, and that if yet another directive comes from 'on-high', we could all scream, I believe that the members of this Board and the people they work with back at their organisations are truly committed to making the Breast Cancer patient experience the best it can be given the circumstances"

Deborah Glover, Patient Representative

Future plans

No	Objective	Owner	By
1	To build on the work undertaken with the Barts Health MDT to roll out MDT improvements and protocolised pathways across the network.	VW/RR	March 2020
2	Review of Two Week Wait referrals and GP guidance, with the aim to improve the front end of the pathway	Antony Pittathankal and Jasdeep Gahir	March 2020
3	To support the national requirement for approximately two-thirds of patients who finish treatment for breast cancer to be on a supported self-management follow-up pathway. Support access to personalised care for all individuals - including holistic needs assessment, a care plan and health and wellbeing information and support.	Sharon Cavanagh/ Claire Mabena	March 2020
4	Undertake interviews to better understand the Breast Care Nurses Survey and generate workforce and succession planning recommendations	Claire Mabena /Deborah Glover	July 2019
5	Metastatic workshop to be hosted that will update the network and share best practice	Rebecca Roylance	June 2019
6	Breast Education Event to share achievements and innovation across the network	Jasdeep Gahir /Emma Spurrell	July 2019
7	Genetic testing education days to train staff in ordering genetics tests and help colleagues better understand the protocol for results, following introduction of the new genetics national guidelines.	Munaza Ahmned	TBC
8	To review data on the new Faster Diagnosis Standard and take action as needed	Rebecca Roylance	March 2020

Acknowledgements

We would like to thank all the members of the Breast Cancer Tumour Pathway Board for contributing their time to Tumour Pathway Board meetings and projects outside the meeting.

Particular thanks to our patient representatives, Eithne Cullen, Patricia Dean and Deborah Glover, who have generously given up their time to contribute.