

**Independent Advisory Group (Tayside Breast Cancer)  
Third Meeting – 15 May 2019  
1130- 1300  
CoSLA, Edinburgh**

**Note of third meeting**

Attendees -

Aileen Keel (Chair)

Lorraine Cowie (by T/C)

Grant Archibald (by T/C)

James Mander

David Cameron

Laura McIver

Alan Rodger

David Dunlop

Aileen Muir

Marianne Barker (Secretariat)

Robert Law (Secretariat)

Apologies were given by Ian Rudd, Boyd Peters and Amanda Croft.

1. The Chair welcomed everyone and apologies were noted.
2. The note of last meeting (paper 3/2) was agreed for accuracy.
3. On governance it was clarified that the NCA is in the process of reviewing, approving and implementing the breast cancer CMG (as recommended in the HIS report). The process would be completed by June. The group felt it would be useful to see the CMG in draft and have an opportunity to comment.

**Action 6** - Group to consider draft of revised NCA breast cancer CMG at 5 June meeting.

4. Informed consent post- Montgomery was discussed at some length, in the context of Paper 3/3- a summary BMJ article, along with the full Supreme Court Judgement on Montgomery (2015) and extant GMC guidance (2008) on consent. The group agreed that the key point in relation to the NHS Tayside breast cancer issue was that treatment options were not discussed with patients, and recorded in the notes. This did not comply with longstanding GMC guidance, the principles of which were reinforced in the Montgomery judgement.
5. Discussion moved onto the ongoing review of SACT consent being led by John Murphy and Mary MacLean, which is clearly relevant in this context. It was agreed that the group would enquire as to when this would be published. It was further agreed that national adoption of the revised forms should be mandated. In relation to the 2 potential recommendations around CMGs already developed and listed in the table at the end of this note, it was agreed

that recommendation number 2 should be implemented in the short term, while recommendation number 5 would take longer to implement, as it will require the establishment of a process to undertake CMG development at national level.

**Action 7-** Laura McIver to confirm when guidance on SACT consent would be finalised.

6. The Group reflected on the crucial need for cultural and organisational change (including identification of those with true leadership skills) within NHS Tayside and more widely across Scotland, to ensure that clinical governance processes are explicit and adhered to in the future. It was observed that in order to deliver a world class service in any clinical area (including cancer), all units need to have the ability to offer self-criticism. This was more likely to happen if the talent pool was refreshed from time to time by external appointments or where team members spent time in other locations.

**Action 8** – Grant Archibald to identify an individual with OD expertise to attend the next meeting (22 May).

7. It was noted that the Royal College of Physicians Review commissioned by NHS Tayside was expected in around 2 weeks.

**Action 9** - Group to consider RCP report once available.

8. The Group noted the following potential recommendations for the final report:

- For informed consent to take place, patients must be explicitly informed of risks of treatment and this discussion should be recorded.

- All boards should use revised SACT consent forms produced by the National SACT Consent Review Group to ensure national consistency in documentation for informed consent across Scotland.

- A national country-wide review of cancer CMG's is required, noting that this may take up to 24 months. (Potential recommendation number 2, included in table at the end of this note, should be implemented in the short term, while recommendation number 5 would take longer to implement.)

- The current contractual and upgrading issues associated with ChemoCare (the SACT electronic prescribing system in place across Scotland) should be resolved as quickly as possible, to allow the generation of national reports capable of identifying variation in prescribing practice.

- A separate group should be set up to ensure implementation of the recommendations of this group, particularly those relating to long term changes in organisational culture.

9. It was noted that the HIS external review of EQA of cancer QPIs in the NCA would soon be available, but possibly not finalised within the timescale of the group's work.
10. It was advised that the next meeting would take place on Wednesday 22 May 11.30-1pm at SHSC. Members are able to attend in person or use video/teleconference facilities.
11. The Chair thanked everyone for attendance and drew the meeting to a close.

## Summary of action points

Action	Detail	Owner	Status
1	Secretariat to circulate conflict forms to group	Secretariat	<b>ongoing – awaiting responses by 30 May</b>
2	NCA Governance discussion at second meeting	Lorraine	complete
3	Consider Montgomery judgement/ informed consent at a future meeting	Secretariat	complete
4	All three regional networks should be invited to look at governance structures, particularly regarding standardised approaches and nomenclature.	Secretariat	complete- attending on 29 May
5	It was agreed that Lorraine Cowie would send a weblink to all the published NCA governance documents.	Lorraine	complete
6	Group to consider draft of revised NCA breast cancer CMG at 5 June meeting.	Secretariat	<b>ongoing</b>
7	Laura McIver to confirm when guidance on SACT consent would be finalised.	Laura	<b>ongoing</b>
8	Grant Archibald to identify an individual with OD expertise to attend the next meeting (22 May).	Grant	<b>Complete – George Doherty attending</b>
9	Group to consider RCP report once available.	All	<b>Ongoing- awaiting report</b>

## Summary of potential recommendations

<b>Number</b>	<b>Summary</b>	<b>Meeting</b>
<b>1</b>	NHS Boards in Scotland should audit all existing cancer Clinical Management Guidelines (CMGs) and associated SACT protocols against extant central reference material e.g. relevant Scottish Intercollegiate Guidelines Network (SIGN) guidelines. If variation exists, this needs to be explained and justified.	<b>1</b>
<b>2</b>	The Regional Cancer Networks should formalise the current informal process of sharing revisions of CMGs between networks.	<b>1</b>
<b>3</b>	All staff (particularly clinicians) in Scotland to be reminded of the requirements of MEL 1999 (10) – circulated as Paper 1/7- whether this be by re-issue or other means	<b>1</b>
<b>4</b>	Consider whether para 1.43 of CEL 30 (2012)- issued as Paper 1/ 8- requires clarification regarding where the balance of governance lies, locally and regionally.	<b>1</b>
<b>5</b>	A national system for the development of CMGs should be established and articulated in a new CEL.	<b>2</b>
<b>6</b>	The national meeting of the Scottish Association of Medical Directors should be utilised to ensure senior clinical buy in	<b>2</b>
<b>7</b>	All NHS staff should engage with NHS governance processes such as those described in MEL 1999/10. In the case of consultant oncologists this should include attendance at relevant advisory groups, e.g. tumour specific meetings, which should be stipulated in their job plans.	<b>2</b>
<b>8</b>	For informed consent to take place, patients must be explicitly informed of risks of treatment and this discussion should be recorded.	<b>3</b>
<b>9</b>	All boards should use revised SACT consent forms produced by the National SACT Consent Review Group to ensure national consistency in documentation for informed consent across Scotland.	<b>3</b>
<b>10</b>	A national country-wide review of cancer CMG's is required, noting that this may take up to 24 months.	<b>3</b>
<b>11</b>	The current contractual and upgrading issues associated with ChemoCare (the SACT electronic prescribing system in place across Scotland) should be resolved as quickly as possible, to allow the generation of national reports capable of identifying variation in prescribing practice.	<b>3</b>
<b>12</b>	A separate group should be set up to ensure implementation of the recommendations of this group, particularly those relating to long term	<b>3</b>

	changes in organisational culture <b>across NHS Scotland.</b>	