

**Independent Advisory Group (Tayside Breast Cancer)
Sixth Meeting – 5 June 2019
1130- 1300
SHSC, Edinburgh**

Note of sixth meeting

Attendees -

Aileen Keel (Chair)

Lorraine Cowie (by V/C)

David Cameron

James Mander

Laura McIver

Grant Archibald (by V/C)

Alan Rodger

Aileen Muir

Ian Rudd (by V/C)

Marianne Barker (Secretariat)

Apologies were given by David Dunlop, Amanda Croft, Boyd Peters

1. The Chair welcomed everyone and apologies were noted.
2. The note of the last meeting (paper 6/2) was agreed with minor corrections. On Action 9 (RCP report) it was noted that this was not expected to be available in time to inform this report so the action will be closed. However Lorraine Cowie noted that the revised breast CMG was being finalised and would be available next week.
3. The patient and family meetings on 31 May and written feedback received were discussed. It was noted that the meetings had gone well and the patients and family members gave a detailed account of their views and suggested some constructive areas for improvement, which would be passed on to NHS Tayside. They were generally supportive of the areas the Group was looking to make recommendations, particularly those taking a “Once for Scotland” approach. Grant confirmed that further engagement with patients was planned and that they would be offered the option of enhanced long term monitoring to help rebuild trust.
4. It agreed that meeting patients and incorporating their views into the report was a defined part of the Group remit and the report would reflect these meetings.
5. The involvement of patients in regional network meetings was discussed. At NCA patient representatives are involved in pathway boards. In SCAN patient involvement goes wider and the Group suspected that this was also true in WoSCAN. While some of the technical details discussed in those meetings e.g. SACT protocols, would perhaps not be very meaningful for many, the

patients would certainly have picked up on the lack of clinical consensus on the breast CMG in the north. The group therefore felt it was important that patients were involved at that level, as it would allow them to note variance in approaches to clinical management between clinicians.

6. The recommendation on NCA observing SCAN/ WoSCAN (Recommendation number 14) will be expanded to include observation of patient involvement.

Updated Recommendation 14 – NCA to observe meetings and processes in place at SCAN/ WoSCAN, including how patients are involved. This should be reciprocated across networks to facilitate learning from other regional experiences across the country.

7. It was agreed that a ‘consensus conference’ should take place annually across Scotland and this will be a key part of implementation work. This will help integrate CMGs, increase collaboration and embed “once for Scotland” approach. It was considered this approach should not just be for breast, but could initially focus on breast before moving to other tumour sites. This conference would be overseen by the new implementation group (recommendation 12) which would report to Scottish Cancer Taskforce.

Recommendation 16 – An annual consensus conference should take place, organised and delivered by the National CMG group, to facilitate and embed a “Once for Scotland approach”. The conference should focus on the development and implementation of CMGs, and any relevant associated research which can contribute to the evidence base.

8. was agreed that a ‘consensus conference’ should take place annually across Scotland and this will be a key part of implementation work. This will help integrate CMGs, increase collaboration and embed “once for Scotland” approach. It was considered this approach should not just be for breast, but could initially focus on breast before moving to other tumour sites. This conference would be overseen by the new implementation group (recommendation 12) which would report to Scottish Cancer Taskforce.
9. It was highlighted that funding for the annual tumour specific regional meetings to look at cancer QPI data had in some cases been difficult to identify in recent years, with the result that these meetings were not being systematically organised. In view of the key importance of QPI data in driving continuous quality improvement and improved patient outcomes, the Group recommends that the regional networks, along with their constituent Boards, give priority to holding these meetings.

Recommendation 17 – Regional Cancer networks along with constituent Boards must be represented at annual tumour specific meetings to consider QPI data.

10. Lorraine outlined the new NCA Governance arrangements and the Group tested these and indicated areas where these could be strengthened. It was pointed out that the organogram still doesn’t include an explicit link between

the SACT groups and the Board ADTCs (Area Drug and Therapeutics Committees). It was also felt that ToR should include a clear pathway and timescales for escalation. Lorraine clarified that the relationship between the SACT groups and the ADTCs was due for further discussion in mid July. Given the importance of this element of SACT governance in the NCA, Grant indicated that he, Lorraine and Ian would do this by proxy as soon as possible, so that the Group could be reassured that appropriate links were being put in place.

11. The new, much rationalised, NCA Breast CMG was discussed. The Group commented that parts of the organogram would benefit from a textual narrative/guide (perhaps through illustrative case studies); that it would be helpful to define what was meant by low/high risk in the document; and that information on specific doses and number of cycles would be useful. Lorraine confirmed that this work was already underway. The document would also be shared with SCAN and WoSCAN once complete, as part of the process recommended by the Group of sharing regional CMGs to allow comparison.
12. It was agreed that a new recommendation was needed to ensure that implementation was not hindered or stalled by lack of resource. This must underpin all recommendations.

Recommendation 18 – In order to implement the recommendations in this report and ensure a “Once for Scotland” approach wherever possible, additional resource will be required. This will be needed, for example, to support the new National CMG group and the costs of holding an annual national consensus conference. Additional resource will also be required to support the establishment of a sub Group of the Scottish Cancer Taskforce to monitor implementation of this report.

13. Several group members were meeting with consultants tomorrow (6 June) at Ninewells). It was considered appropriate that to allow free and frank discussion Grant would not attend that meeting.
14. It was advised that the next meeting would take place on Wednesday 5 June 11.30-2pm at CoSLA. At this meeting, recommendations would be signed off and a draft report would be considered. Members are able to attend in person or use video/ teleconference facilities.
15. 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	Completed
2	NCA Governance discussion at second meeting	Lorraine	Completed

3	Consider Montgomery judgement/ informed consent at a future meeting	Secretariat	Completed
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	Completed
6	Group to consider draft of revised NCA breast cancer CMG at 5 June meeting.	Secretariat	Completed
7	Laura McIver to confirm when guidance on SACT consent would be finalised.	Laura	Completed
8	Grant Archibald to identify an individual with OD expertise to attend the next meeting (22 May).	Grant	Completed
9	Group to consider RCP report once available.	All	Ongoing- awaiting report
10	George agreed to circulate additional documents to the Group via secretariat.	Secretariat to liaise with George Doherty	Completed
11	Amanda to raise regional relationships (across NCA) at next North of Scotland CE meeting.	Amanda	Completed
12	Secretariat to arrange meeting with consultants and clarify remit.	Secretariat	Meeting is tomorrow
13	Kate and Evelyn to circulate network governance organograms to the Group.	Secretariat	Completed

Summary of potential recommendations

Number	Summary	Meeting
1	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	1

	Intercollegiate Guidelines Network (SIGN) guidelines. If variation exists, this needs to be explained and justified.	
2	The Regional Cancer Networks should formalise the current informal process of sharing revisions of CMGs between networks.	1
3	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	1
4	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.	1
5	A national system for the development of CMGs should be established and articulated in a new CEL.	2
6	The national meeting of the Scottish Association of Medical Directors should be utilised to ensure senior clinical buy in	2
7	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.	2
8	For informed consent to take place, patients must be explicitly informed of risks of treatment and this discussion should be recorded.	3
9	All boards should use SACT consent forms to ensure national consistency in documentation for informed consent across Scotland.	3
10	A national country-wide review of cancer CMG's is required, noting that this may take up to 24 months. (number 2 should be implemented in the short term, while number 5 would take longer to implement).	3
11	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.	3
12	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 across NHS Scotland.	3
13	The three regional networks should undertake a mapping review of the terminology being used in governance structures, with the aim of achieving, where feasible, more consistency across the country.	4

14	NCA to observe meetings and processes in place at SCAN/ WoSCAN, including how patients are involved. This should be reciprocated across networks to facilitate learning from other regional experiences across the country.	4
15	A properly resourced National CMG Group needs to be established to not only consider exceptions, but to also to develop mechanisms to monitor compliance with CMGs	4
16	An annual consensus conference should take place, organised and delivered by the National CMG group, to facilitate and embed a “Once for Scotland approach”. The conference should focus on the development and implementation of CMGs, and any relevant associated research which can contribute to the evidence base	6
17	Regional Cancer networks along with constituent Boards must be represented at annual tumour specific meetings to consider QPI data.	6
18	In order to implement the recommendations in this report and ensure a “Once for Scotland” approach wherever possible, additional resource will be required. This will be needed, for example, to support the new National CMG group and the costs of holding an annual national consensus conference. Additional resource will also be required to support the establishment of a sub Group of the Scottish Cancer Taskforce to monitor implementation of this report.	6
19	NHS Tayside should continue to offer extended support to affected patients and families.	7