Independent Advisory Group (Tayside Breast Cancer)
Fifth Meeting – 29 May 2019
1130- 1300
SHSC, Edinburgh

Note of fifth meeting

Attendees -
Aileen Keel (Chair)
Lorraine Cowie
Amanda Croft (by T/C)
James Mander
Laura McIver
Grant Archibald
Alan Rodger
Aileen Muir
Ian Rudd (by V/C)
Boyd Peters (by V/C)
Marianne Barker (Secretariat)
Robert Law (Secretariat)

Apologies were given by David Dunlop and David Cameron

1. The Chair welcomed everyone and apologies were noted. Kate MacDonald and Evelyn Thomson (from SCAN and WoSCAN respectively) were welcomed for the first part of the meeting to discuss structures, governance arrangements, challenge procedures and policies in SCAN and WoSCAN.

2. Kate and Evelyn both summarised the governance structures in SCAN and WoSCAN, including various groups and, in particular, compliance with SACT procedures and escalation processes if deviation from agreed guidelines occured . Both networks had in place some mechanisms to measure compliance, but these were not systematised, and in some areas were very laborious, It was agreed that once Chemocare was developed as truly national system, detecting variation from agreed SACT protocols would be very much easier.

3. It was noted that deviation from CMGs and SACT protocols was, of course, entirely permissible, so long as backed by evidence and subjected to proper audit.

   Action 13 – Kate and Evelyn to circulate network governance organograms to the Group.

4. The importance of a 'Once for Scotland' approach was discussed. The Group noted the geographical differences across the country. The "hub and spoke" model in SCAN and WoSCAN, where there was only one cancer centre in each region, contrasted with the three centre model in the NCA, which could make clinical consensus more difficult to achieve. However, the overarching

view of the group was that where possible a national approach was preferred, to achieve consistency, certainly from a patient perspective. One example was in the nomenclature of the various groups which carried out similar functions across each of the three regional networks, but which are often named differently. While clinicians may be familiar with the local structures they worked under, the lack of consistent names did not aid transparency or patient understanding.

Recommendation 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.

5. The role of the Scottish Cancer Taskforce in cases where the regional escalation processes had failed to achieve resolution was noted.

6. It was agreed that it was crucial not only to have good governance processes in place, but to develop systems to ensure adherence. The opportunity for networks to learn from each other was considered and it was agreed that Grant and Lorraine would attend a future SCAN/WoSCAN meeting as observers to see if there were any lessons for NCA from structures and processes in other regional networks.

   Recommendation 14 – NCA officials to take the opportunity to observe the operation of other regional networks.

7. The issue of developing national CMGs was further considered, noting that a small number of these already exist. In order to avoid slowing the CMG process, it was agreed that the proposed national group would need to be fleet of foot and responsive, particularly in the case of newly SMC approved medicines. It was therefore agreed that existing regional CMG development and clinical approval processes should continue, with the national group considering “exceptions” where clinical consensus had not been achieved across the country. The role of the national group would be to sign off the CMGs and provide a forum to challenge any variations.

   Recommendation 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.

   AOB

8. The note of last meeting (paper 4/2) was agreed for accuracy with a minor clarification amendment at para 11.

9. The Group noted that a meeting had been agreed with one of the consultants at NHS Tayside for 6 June (am), exact time tbc but likely to be 10.30-11.30. One consultant was unable to attend due to clinical commitments, while the other two were currently on leave, but the Secretariat would liaise with them on return early next week.

10. The group was reminded to complete any conflict of interest declarations in the next few days.

11. It was advised that the next meeting would take place on Wednesday 5 June 11.30-1pm at SHSC. Members are able to attend in person or use video/ teleconference facilities.

12. 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	complete
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	**Ongoing**
7	Laura McIver to confirm when guidance on SACT consent would be finalised.	Laura	Complete
8	Grant Archibald to identify an individual with OD expertise to attend the next meeting (22 May).	Grant	Complete
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	Complete
11	Amanda to raise regional relationships (across NCA) at next North of Scotland CE meeting.	Amanda	Complete
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 Intercollegiate Guidelines Network (SIGN) guidelines. If variation exists, this needs to be explained and justified.	**1**
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 consistently 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	**3**

	group, particularly those relating to long term changes in organisational culture across NHS Scotland.	
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 officials to take the opportunity to observe the operation of other regional networks.	**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**