

National Audit of Breast Cancer in Older Patients (NABCOP) Clinical Steering Group

Wednesday 28th September 2016, 11am-1pm
Research Board Room, Royal College of Surgeons of England

MEETING MINUTES¹

Present:

Prof Kieran Horgan (Chair)

Miss Marianne Dillon

Dr Stanley Ralph

Mr Mark Sibbering (deputising for Mr Ashu Gandhi)

Dr Emma Pennery

Ms Eluned Hughes

Ms Maggie Wilcox

Mr Andrew Murphy

Ms Lis Grimsey

Prof Chris Holcombe

Dr Alistair Ring

Prof Tom Robinson

Ms Lynda Wyld

Dr Deborah Fenlon

Prof David Dodwell

Prof David Cromwell

Dr Carmen Tsang

Dr Jo Mennie

Ms Jibby Medina

Ms Hannah Phillips

Apologies:

Prof Margot Gosney

Dr Nisha Sharma

Prof Ian Knuckler

Prof Mick Peake

1. Welcome, introductions and apologies

The chair welcomed the group to the first Clinical Steering Group (CSG) meeting for the National Audit of Breast Cancer in Older Patients (NABCOP). The chair explained the aims of the project and purpose of the CSG in providing guidance and support on the deliverables of NABCOP. All members of the CSG introduced themselves, apologies listed above.

2. Matters arising

As this was the first meeting, there were no matters arising.

3. Clinical Steering Group membership

The group reviewed the membership and Terms of Reference for NABCOP and no gaps in either document were identified. The Chair requested that members put forward suggestions for additional members if omissions were identified. As stated in the Terms of Reference, the CSG will meet up to three times per year. However, where appropriate, some matters could be discussed in sub-committees and by teleconference to reduce the burden of travel for members.

4. Project overview

A high level overview on the project was provided, describing the scope of the project and the key objectives for the three years for which the project is initially funded. The project team reported on the progress made in setting up the project and its governance structure, contacting key stakeholders,

¹ Confirmed December 2016.

developing project documentation, completion of the rapid literature review and website launch. The process of obtaining access to data is underway. These tasks were documented in the project timeline.

Several members enquired about accessing data from private hospitals. It was highlighted that these data would be required to ensure that the Audit results are representative of the entire population of women with breast cancer. It was noted that submission of Cancer Services Outcomes and Services Database (COSD) data by private hospitals to the National Cancer Registration and Analysis Service is not mandated. It was suggested that the communication strategy could include patient advocacy to encourage private hospitals to engage with NABCOP.

Members raised the importance of producing clinically relevant findings, with a clear approach to dissemination. The Chair welcomed these comments. There was a general recognition that a key role for CSG members was to support the Audit to be more than a reporting mechanism and ensure it maintains a focus on improving clinical practice.

There was discussion on how to maximise the purpose and impact of the NABCOP website, including the addition and maintenance of information for different groups of visitors. It was suggested that advice could be sought from established projects with successful websites.

Action 28/09-01: Project team to update the Communications Strategy with a focus on engaging with private hospitals.

Action 28/09-02: Prof Dodwell to contact Karen Clements (Sloane Project) for advice on improving the NABCOP website.

5. First year of NABCOP, progress to date

The project team conducted a rapid review of the literature to identify suitable process and outcome indicators to measure in the Audit. The CSG was presented with a shortlist of fourteen indicators to review and to provide feedback on. The importance of capturing frailty in the indicators was discussed and it was agreed that the concept of frailty is complex and there was considerable work already underway in this area. It was suggested the NABCOP should find out about the work currently undertaken by the Macmillan-funded group at Guys and St Thomas' NHS Foundation Trust.

The project team has begun the processes for obtaining approvals to access data from the National Cancer Registration and Analysis Service (NCRAS) and Cancer Network Information System Cymru (CaNISC). Development of an audit dataset will take place in parallel to finalising the set of indicators, as it will be necessary to ensure the data fields required by the indicators are collected in the registration datasets.

The draft organisational audit (questionnaire-based survey and set of case vignettes) were discussed and feedback is requested from members within the next two weeks in order to inform revisions before the materials are piloted during October. It was emphasised that the survey and the series of vignettes need to be of appropriate length and detail to allow them to be completed by staff in busy breast cancer units. Members considered whether the Multi-Disciplinary Team (MDT) lead would be best placed to complete the survey and vignettes, or whether the two materials should be discussed and completed during MDT meetings. It was also suggested that to improve awareness of NABCOP and encourage participation, the Medical Director could be informed about the organisational audit in advance of communication with individual participants.

For communications with NHS hospitals about the Audit and to invite them to participate in the organisational audit, contact information will be obtained from various sources. For English Trusts, details of MDTs will be provided by NCRAS. Information for Welsh Health Boards will be collected from the organisations directly. Additional information may be available from the Association of Breast Surgery (ABS).

The remit for the first year of NABCOP includes feasibility studies on extending the Audit to cover patients with metastatic disease and, secondly, linking data from the National Cancer Patient Experience Survey with audit data.

The first report from NABCOP will take the form of a “state of the nation” report. It will be published in March 2017. The CSG will be sent a draft of the report to review and comment on in early 2017.

Action 28/09-03: CSG members to review the shortlisted process and outcome indicators and provide feedback to the project team by 14th October.

Action 28/09-04: CSG members to provide feedback on the draft organisational survey and case vignettes by 14th October.

6. Any other business

A question was raised about potential collaboration with Scotland on the Audit. The members were reminded that as NABCOP is funded by the Healthcare Quality Improvement Partnership (HQIP), its remit only covers England and Wales. However, open dialogue with colleagues in Scotland is encouraged.

7. Date of next meeting

Wednesday 14th December at the Royal College of Surgeons of England at 11am – 1pm.

Dates for meetings in 2017 yet to be confirmed.

Action 28/09-05: Project team to set up Doodle poll to identify suitable dates for CSG meetings in 2017.

Actions from Clinical Steering Group meeting, 28 th September 2016			
	Action	Owner	Status
28/09-01	Project team to update the Communications Strategy with a focus engagement with private hospitals.	Project team	December 2016
28/09-02	Prof Dodwell to contact Karen Clements (Sloane Project) for advice on improving the NABCOP website.	Project team	November 2016
28/09-03	CSG members to review shortlisted process and outcome indicators and provide feedback to the project team.	All members	14 th October 2016
28/09-04	CSG members to provide feedback on organisational survey and case vignettes.	All members	14 th October 2016
28/09-05	Doodle poll to be set up for CSG members to indicate their availability for meetings in 2017	Project team	31 st October 2016

Minutes recorded by:

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