

## Urology Pathway Board Meeting

Minutes of the meeting held on

March 15<sup>th</sup> 2017

### Members in attendance

Satish Maddineni (Chair)	Pathway Director	Steve Elliot	GP representative
Rose	User representative	Jane Booker	Specialist CNS
Stephen Bromage	Consultant Surgeon	Mike Thorpe	User representative
Tony Elliot	Consultant Oncologist	Jacob Cherian	Consultant Surgeon
Helen Johnson	Specialist CNS	Dan Burke	Consultant Surgeon
Tom Waddell	Consultant Oncologist	Kieran O'Flynn	Consultant Surgeon
Hazel Warburton	Consultant Surgeon	George Yeung	Consultant Radiologist

### In attendance

James Leighton	Greater Manchester Cancer	Wendy Makin	GM Vanguard
Liz Islam	GM Vanguard		
Sarah Darley	Respect 21 project		

### 1. Welcome and introductions

SM welcomed all to the meeting and noted the apologies received. He also introduced and welcomed Rose to the meeting as the new user representative on the Board.

All other apologies were noted.

### 2. Minutes of the last meeting

These were accepted as a true record and there were no matters arising.

### 3. Cancer Vanguard Project Updates:

#### (i) Stratified Self-Management

Discussion summary	 Microsoft PowerPoint Presentation  WM updated the group on progress of this Vanguard work-stream and reminded the Board of the objectives of the project. She advised that there needed to be <ul style="list-style-type: none"> <li>• a clear vision from the Board</li> <li>• Testing and evaluation</li> <li>• Pilot of the new pathway</li> </ul> She reminded the Board that implementation of the recovery package was an essential element of the GM Cancer plan.  During the wide ranging follow-up discussion the board identified the need for volume data and the need to assess the potential impact on GPs. The board also noted that there was a broad consensus on the project but that the Boards role was to advise GM about preferred pathways but not the implementation. The implementation phase will need to be driven by a dedicated project delivery team with guidance from the Board sub-group.
Conclusion	The board noted the report and agreed to keep it under review.
Actions & responsibility	<p><b>The initial objectives for the board would be</b></p> <ul style="list-style-type: none"> <li>• <b>Agree the follow-up pathway</b></li> <li>• <b>Identify a suitable pilot area</b></li> </ul> <p><b>The Board asked that the Prostate Follow-up project group continue with their work and provide regular reports to the Board.</b></p>

#### (ii) Best timed Pathway project

Discussion summary	SM informed the board of this project and its objectives. He explained that it was to establish a national pathway for Prostate cancer diagnostics and that GM would lead on this. The project would be led by a small project team with clinical, operational and commissioner input (JO, NWC, SM, ML, Prakash Manorahan, MS, HJ).  It is expected that the pathway would be revised to include greater use of one-stop clinics and mpMR scanning. KoF outlined the current position of BAUS and PCUK as well as the potential impact nationally on care.
Conclusion	The board noted the report and agreed to keep it under review.
Actions & responsibility	<b>The Board asked that the project group continue with their work and provide regular reports to the Board.</b>

### 4. The Greater Manchester Cancer plan

Discussion summary	 Microsoft PowerPoint Presentation  SM presented the GM 5 year Cancer plan and the immediate objectives of the Board. JL outlined the development of the plan and how it would impact on the work of the board. The Board discussed the immediate objectives and timescales.
Conclusion	The board noted the report and agreed to keep it work towards delivery of the objectives. This will form a significant part of the next meetings discussions.

Actions & responsibility	<b>There were no actions following discussion.</b>
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**(ii) Tumour specific MDTs**

Discussion summary	<p>SM explained the Cancer plan objectives with regard to the review of the MDT process. He explained that the aim was to streamline the process and make the meeting more effective.</p> <p>As part of this he asked the Board on their view on developing Tumour specific MDTs. The Board explored and discussed the limitations and benefits this proposal.</p>
Conclusion	The board noted the report and agreed to undertake a review as part of the GM Cancer plan delivery.
Actions & responsibility	<b>There were no actions following discussion.</b>

**4. Board Projects**

**(i) Janssen Project update**

Discussion summary	<p>SM outlined to the board the proposed project to be supported by Janssen. He confirmed that a sub-group has been working on the pathway for metastatic prostate patients and the project will analyse the volume of patients on this pathway and their subsequent management processes (SM, JC, NWC, Ruth Conroy).</p> <p>He confirmed that a data analysis expert from Janssen was now working on the project and using the database at Pennine acute, The board had a discussion on this project and the data protection consequences of the work.</p>
Conclusion	The board supported this project and agreed to it being a standing item on future agendas.
Actions & responsibility	<b>There were no actions following discussion.</b>

**(ii) Ferring (Degarelix) proposed project**

Discussion summary	<p>SM informed the board of a recent meeting with representatives from Ferring to discuss a project on assessing Greater Manchester patients' cardiovascular risk profiling. This would be prior to commencing hormonal manipulation and in light of the gathering body of evidence suggesting cardiac morbidity with hormonal manipulation in prostate cancer patients.</p> <p>He advised that this would now be managed and developed in collaboration with MAHSC.</p>
Conclusion	The board supported this proposal and asked to be kept informed on progress
Actions & responsibility	<b>There were no actions following discussion.</b>

(iii) Active surveillance audit

Discussion summary	SB updated the Board on this audit. He confirmed that the template was now complete and ready for despatch, explaining that this would happen over the course of the next few weeks.
Conclusion	The board noted the report and agreed to keep it under review.
Actions & responsibility	<b>SB to distribute the audit proforma. (attached)</b>  Microsoft Excel Worksheet

5. Patient experience survey report

Discussion summary	 Microsoft Word Document  SM presented this report and reviewed the responses. The Board discussed the report and the limitations of the findings from some units given the small response rate. It was also noted that a number of units had not participated in the audit despite all reasonable efforts being undertaken to insure participation.
Conclusion	The board noted the presentation and asked that it was repeated next year with amendments to the questions to reduce implied bias.
Actions & responsibility	<b>There were no actions following discussion.</b>

(ii) National Prostate Cancer Audit 2016

Discussion summary	 Microsoft PowerPoint Presentation
Conclusion	The NPCA document has been attached to the minutes for review.
Actions & responsibility	<b>To be reviewed at the next meeting</b>

6. User Involvement update

Discussion summary	ML provided an update to the Board on the UI project. She confirmed that funding for the second year was now confirmed and therefore the work would progress accordingly.
Conclusion	The board noted the report.
Actions & responsibility	<b>There were no actions following discussion.</b>

8. Research update

Discussion summary	This item was deferred to the next meeting of the Board. TE agreed to send out the portfolio of trials to Board members for information.
Conclusion	The board noted the presentation
Actions & responsibility	<b>TE to send out the portfolio of open trials to board members</b>

9. Any other business

(i) RESPECT 21 Study

Discussion summary	JL explained that given the delay in establishing the single service, there is a risk that Urology may not be maintained s part of the study.
Conclusion	The board noted the discussion.
Actions & responsibility	<b>There were no actions following discussion.</b>

**Date and time of meeting Tuesday 2<sup>nd</sup> May, 14.00 – 16.00hrs SRFT**

**Date and time of meeting in 2017**

<b>Thursday</b>	<b>29<sup>th</sup> June</b>
<b>Wednesday</b>	<b>20<sup>th</sup> September</b>
<b>Tuesday</b>	<b>14<sup>th</sup> November</b>