

Greater Manchester **Cancer**
Skin Pathway Board

Greater Manchester Cancer Skin Pathway board meeting

Date of Meeting: 3rd February 2017

Time of meeting: 2– 4pm

Venue: THQ - The Christie, Room 6

In attendance

Attendance	Representation
John Lear	SRFT
Rebecca Price	GMC
Louise Lawrence	Macmillan
Lucie Francis	Macmillan
Neil Cutler	Patient Representative
Rebecca Brooke	SRFT
Vindy Ghura	SRFT
Stephanie Ogden	SRFT
Loma Gardner	TGH
Julie Collins	UHSM
Kate Howlen	East Cheshire
Nick Telfer	SRFT
Chung Kwok	Bolton

1. The minutes of the last meeting were reviewed and approved.
2. **Improving outcomes / survival rates**
 - a. 'Taking Charge in GM 2016-21' document and response

Discussion summary	Noted that the paper was circulated.
Conclusion	No questions asked.
Actions and responsibility	The board is committed to working on any projects that may be initiated off the back of the report.

3. Improving the patient experience

a. Gorlin project update

Discussion summary	<p>Louise Lawrence introduced herself as the newly appointed Macmillan Gorlin Project, Project Manager.</p> <p>LL circulated draft questionnaire which is to be handed out to Gorlin patients and carers to gain further insight into the condition, the lives of those affected and their thoughts on the service as it stands currently.</p>
Conclusion	<p>The board welcomed LL to the pathway board and praised her on her work thus far since she had started in post. The board have agreed to offer any assistance to LL should she need it throughout the project.</p>
Actions and responsibility	<p>LL is to feed back to the board at the next PWB meeting as to her progress with this project. The questionnaire is due to be finalised and sent out in the next 6-8 weeks.</p>

b. Macmillan User Involvement team update

Discussion summary	<p>LF updated the board on the progress made on the Patient questionnaire devised by herself and the Patient representatives, to send out to skin patients attending clinic, asking them their thoughts on the setting up a Skin patient support group.</p> <p>The questionnaire has been sent out and results have been received from SRFT UHSM and East Cheshire as well as some submitted online. (Around 60 responses in total from mainly Melanoma Patients)</p> <p>The general consensus from the replies LF had reviewed was that there seemed to be a want and a need for a support group to be established. LF explained that many of the responses stated there was a greater need for psychological support for skin patients.</p>
Conclusion	
Actions and responsibility	<p>LF to feedback on the development of the Support group at the next PWB meeting.</p>

4. Improving & standardising high quality care across the whole service

a. Follow up project

Discussion summary	<p>JL stated no further progress had been made on this project.</p> <p>JL and Chris Duff are yet to meet to formulate a plan on how to progress this project further.</p> <p>JL has met with representative from LEO innovations to look at developing an app whereby patients can upload photographs of any concerning skin issues for a consultant to review prior to a possible telephone follow up appointment.</p>
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Actions and responsibility	JL and Chris Duff to meet to discuss project plan. JL to continue to meet with LEO to explore creation of the app.
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b. Vanguard update - Clinical standards work stream

Discussion summary	JL discussed with the board the progress made with the clinical standards work stream of the vanguard. JL explained that the GMC Skin cancer service will hopefully be next to work with the vanguard team to develop quality standards and implement them throughout GM. The board agreed to set up a project group to assist the vanguard team in creating the Skin service quality standards.
Actions and responsibility	JL to continue to update the board on the progress of the vanguard work stream. RP to convene a quality standards subgroup following JL getting confirmation from the Vanguard team that the Skin board will be their next tumour group.

c. Vague Symptoms 2WW referral forms

Discussion summary	2WW Vague symptoms form presented and discussed. Issues raised by group to be highlighted to ACE 2 team.
Conclusion	a) Investigations section highlighted as being unclear. Are these investigations mandatory prior to referral? Feedback to be given to Sarah Taylor. b) Form does not appear to have a section to identify a carer rather than just a next of kin c) 'The reason I am concerned this patient has cancer is' section needs to be further up the form, in a more prominent place.
Actions and responsibility	Issues raised by group to be highlighted to ACE 2 team.

d. Radiotherapy services

Discussion summary	The board discussed the issue that at present, Skin radiotherapy is only administered at the Christie. JL has been approached by a Dutch clinical trial team to be part of a European multi-centre trial looking at comparing excisional surgery against brachytherapy by way of using a portable brachytherapy machine. JL has gained approval to conduct the trial from SRFT. The protocol is still being agreed.
Conclusion	Following set up of the trial in SRFT the board agreed this could be a project that GM could consider taking part in on a wider scale, giving more patients access to

	brachytherapy outside of the Christie.
Actions and responsibility	JL to continue to liaise with SRFT and the trials teams and report back findings to the board.

e. Nursing Forum

Discussion summary	<p>RP informed the board that Katie Bailey has stepped down as lead of the nursing forum and is no longer a member of the pathway board.</p> <p>RP lead the boards thanks to Katie for all her work throughout her time as Nursing forum lead and wish her the best in her future endeavours.</p> <p>The board went on to discuss appointing a new lead for the Nursing Forum and agreed that Julie Collins would act as interim lead until a new lead could be formally voted in by the nursing subgroup.</p>
Conclusion	JC has organised the next Nursing forum to take place on 27 th April at the Novotel in Worsley, the meeting will begin at 1:30 and conclude at 5:00pm
Actions and responsibility	JC will update the board at the PWB meeting as to the outcome of the vote and provide feedback on the day itself.

f. Review of pathway board membership.

Discussion summary	<p>RB raised an issue to the board that she felt that pathway board membership should possibly be reviewed as she felt that including nursing representation from SRFT to the board would be beneficial.</p> <p>The board discussed how the GM Skin service could be better represented on the board and have agreed a review of membership would be advantageous.</p>
Conclusion	The board discussed how the GM Skin service could be better represented on the board and have agreed a review of membership would be advantageous.
Actions and responsibility	<p>RP to send breakdown of the board membership to JL to review.</p> <p>JL to write to none attending members to terminate membership and review each sectors representation on the board going forward.</p>

5. Research and education

a. 100k Genome project

Discussion summary	<p>Delivered by Genomics England (Department of Health) Project aims to take tissue samples from patients within GM suffering from melanoma onto the 100k Genome register. This is to Facilitate capability to embed genomic medicine in the NHS as routine practice.</p> <p>The projects Aim is to recruit 1,000 cancer patients by end 2018. All adult, primary diagnosis, going for surgery.</p>
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Conclusion	The Skin pathway board are confused about the eligibility criteria for their patients.
Actions and responsibility	RP to arrange for Jane Rogan (100k Genome project business manager) to speak at a future next pathway board meeting.

6. Any other business

i) Meeting dates for 2017

~~03/02/2017~~ 2-4pm Christie MR6
~~28/04/2017~~ 2-4pm Christie MR6
09/06/2017 2-4pm Christie MR6
25/08/2017 2-4pm Christie MR6
13/10/2017 2-4pm Christie MR6
15/12/2017 2-4pm Christie MR6