

Manchester Cancer: Brain and CNS Pathway Board Meeting

Date of Meeting: **3rd May 2016** (postponed from 15th March 2016)

Time of meeting: **13.30 hrs – 15.00hrs**

Venue: **Seminar Room 8, Mayo Building, Salford Royal**

In Attendance

Dr Catherine McBain (Chair / Clin Onc)
Miss Tina Karabatsou (Neuro-oncology MDT)
Mr Scott Rutherford (Skull base MDT)
Dr Steven Elliott (GP)
Dr Marie Hanley (CMFT)
Dr Moe Sein (Macclesfield)
Dr Samantha Kay (UHSM)

Julie Emerson (Cancer Network MDT)
Sara Robson (NeuroAHP)
Liz Molloy (Christie CNS)
Alison Gilston-Hope (SRFT CNS)
Lucie Francis (User Involvement Manager)
Hester Benson (Macmillan Living with and Beyond Cancer Project Facilitator)
Rebecca Price (Pathway Manager Manchester Cancer)
Andrea Wadson (Skull base CNS)
Dr Arun Kallatt (Bolton)

Apologies

Dr Ahmed Ishmail (Wigan)
Dr Tara Kearney (Pituitary MDT)
Dr Anna Tran (Pituitary / Clin Onc)
Dr Chris Douglass (Tameside/SRFT)
Dr Simon Kerrigan (PANTS)
Sarah Cundliffe (SRFT CNS)
Dr Kamran Dizayee (SHH)
Keven White (PANTS)

Minutes of last meeting 17/11/15 and matters arising

Minutes of last meeting were accepted as a true record and have been uploaded onto the Manchester Cancer website.

CMB welcomed the new Board members: Dr Hanley has replaced Prof Selby as CMFT representative; Dr Kerrigan and Keven White have joined as Pennine Acute reps; it is envisaged that Kevin will also link with Acute Oncology teams.

Objective no 1 – Improving outcomes, with a focus on survival

MDT and Strategic Management Subgroup update

- *Annual report from Neuro-oncology MDT*

Miss Karabatsou presented a positive summary of the Neuro-oncology MDT's work over the past year. TK highlighted the patient numbers, activity and many achievements of the MDT which has completed the goals set out in its 2015-16 work-plan. TK informed the board of a large number of publications and presentations at National and International meetings from MDT core members.

For information Miss Karabatsou's presentation will be included as an appendix to this document.

- *Annual report from Base of Skull MDT*

Mr Rutherford updated the Pathway board on the Base of Skull MDT's achievements over the past 12 months, as summarised in their annual report. SR concluded that overall it had been a very positive year for the BoS MDT and that he and his team looked forward to building on their successes and expanding their referral base over the next 12 months.

- *Outcomes dashboard – update on local and national outcomes reporting*

The Board's outcome measures dashboard has been agreed by the Strategic Management subgroup. A further CNS outcomes report will be generated by The Christie outcomes unit in June / July 2016. In addition, Miss Karabatsou works with the NCIN collating national data; the skull base service submits data to the national Vestibular Schwannoma database. The Board will continue to critically appraise local outcomes with our own previous results and with national comparators.

Objective no 2 – Improving patient experience

Subgroup Update: Patient Experience Group

- *Macmillan Survivorship grants; project progress*

HB gave a brief overview of the progress of the current projects being undertaken by her and the neuro-oncology team of clinical nurse specialists, AHPs and specialist radiographers.

HB informed the board that both projects had got off to a good start and were now two thirds of the way through. The Brain metastasis educational needs project, which aimed to survey healthcare professionals to determine confidence in different aspects of care and support of brain mets patients, had been well received by all involved, identifying that there appeared to be a lack in confidence in knowledge surrounding this issue. A date has been identified to hold a Education event on Friday 8th July 2016 in The Christie Auditorium. Further details will be circulated by HB at a later date.

HB went on to explain that the second of the projects, which aimed to offer all new patients diagnosed via the Brain and CNS service team holistic needs assessment (HNA) at 2 points: post-surgery / after diagnosis and post treatment / at follow up (gap of around 6 weeks). This process has been well established and had so far 70 patients had had 1st HNA (41 (59%) had 1st at SRFT; 29 (41%) had 1st at Christie) and 27 patients had had 2nd HNA (1 had 2nd at Christie at SRFT; 26 had 2nd at Christie)

SE commented that HNA use was standard for other disease groups; there was a discussion of the particular challenges of the CNS tumour population and HB and CMB elaborated on the fact that this pilot is receiving considerable interest from Macmillan and The Brain Tumour Charity.

CMB thanked HB and the clinical team for the great work they had been doing and the board look forward to the final results being circulated later on this year.

- *Patient involvement*

LF reported to the board that both she and JE had been working together to jointly recruit patient representatives from clinic to form a small community of affected patients and carers that would be interested in helping to shape the work of the board and add a patient's perspective to the Board's outputs. Having recruited a small number of interested people affected by cancer, LF and JE informed the board that they would be holding a small community meeting on 6th May to begin to induct participants onto boards.

LF hopes to report back to the outcome of this at the next board meeting in November.

Manchester Cancer Cross-cutting survivorship initiative

CMB outlined that the Manchester Cancer Survivorship Board had circulated a questionnaire to identify the survivorship issues particular to each disease group. CMB and SR had completed this on behalf of the brain and CNS pathway board; it is attached for reference.

Objective no 3 – Increasing research and innovative practice

- *Research Away Day 12/2/16*

Feedback from the research away day was positive with TK reporting to the group that it was well attended and a productive day all round. This is something that the board hope to replicate again next year.

- *Application for Brain Tumour UK Centre of Excellence*

Prof Roncaroli (SRFT Neuropathology), Miss Karabatsou and others have developed a bid to Brain Tumour UK with the hope of being awarded status as a Centre of Excellence. A decision on this is expected in due course.

- *Clinical trial recruitment update*

The group noted the research trials currently being undertaken. The current research portfolio is due to open more trials in the upcoming months and remains nationally highly competitive in terms of the number of trials open and the access this allows brain tumour patients from Greater Manchester to novel agents.

Objective no 4 – Delivering compliant and high quality services

- *Acute Trust issues and reports*

No issues to report

- *Board response to NICE 2 week wait referral guidelines*

CMB and SE outlined that NICE guidance to GPs on 2 week wait referrals of suspected brain tumour patients recently changed. Direct access to MR imaging is advocated. This presents various challenges, and it was noted that <1% of patients referred on the brain 2ww pathway are actually diagnosed with a malignant tumour. CMB and SE described that GP access to MR imaging is variable across Greater Manchester. The Board needs to develop a plan to ensure optimum and standardised referral pathways for this patient group from across Greater Manchester. CMB agreed to set up a small subgroup to work with Sarah Taylor to address this.

- *Successful bid for SRS Services: update and implications*

CMB outlined that NHS England has recommissioned all SRS services nationally, and that SRFT had had to tender to retain their service. Reconfiguration requested by NHSe means that SRFT / Christie will now work jointly with Lancashire teaching hospitals (who currently deliver SRS at Rosemere Cancer Centre, Preston). The tender was successful and the bid accepted. In practice, there will be little discernible change to services for our population, but it was noted that not all previously commissioned services have been recommissioned and SRFT's success in the regard was therefore pleasing.

Proposed Board Annual Plan 2016-17

CMB circulated the 2014-15 Annual Report and plan and reviewed the status of the objectives.

Discussion of the 2014-15 objectives and a Review of the annual plan showed that the board were on track for most of this business year's objectives. The board discussed how they will go about populating the 2015-16 annual report as this is due for completion at the end of June 2016. The board agreed to use summaries of the individual MDT reports to create the overall Manchester Cancer Annual report. CMB will be responsible for the creation of this along with the MDT leads' assistance.

The Board agreed on the following objectives for the annual year of 2016-17:

- Implement the NICE 2WW guidance across the service
- Continue to update the service guidelines in light of the major revision of the WHO classification of brain tumours
- Continue and complete the Living With And Beyond survivorship projects, and make plans to build upon this work after the end of the initial 12 months' funding
- Improve links with the pituitary MDT
- Work with the patient engagement team to establish patient and carer representation on the Board and supporting subgroups

Any other business

None discussed.

Date and time of next meeting: 15th Nov 2016, Mayo Building, SRFT