

Date of Meeting **Friday 27th January 2017**

Time of meeting **13.30hrs – 15.30hrs**

Venue **Meeting room 6, Trust Administration, The Christie NHS FT**

In attendance	Initial
Rebecca Price	RP
Claire Mitchell	CM
Melanie Dadkhah- Taeidy	MDT
Mike Molette	MM
Connor Fitzpatrick	CF
Clare de Marco Masetti	CdMM
Tracy Wild	TW
Louise Lawrence	LL
Vikki Percival	VP
Paula Hall	PH
A Kazimi	AK
Anne Allen	AA
Tracy Jackson	TJ
Barbara Heferon	BH
Joanne Woolley	JW
Jeena Mathew	JM
Mary Ann O'Mara	MO
Elena Takeuchi	ET
Apologies	
Catherine Coyle	CC
Carol Diver	CD
Natalie Walker	NW
Carmel Anadadas	CA
Jennifer Haughton	JH

Minutes

1. The minutes of the last meeting were reviewed and approved.
2. **Patient Experience and User Involvement.**
 - a. Macmillan User Involvement team update / Patient Surveys

Discussion summary	The group agreed that one patient survey to be adopted at board level for each trust to use not unlike the Manchester Cancer Lung patient survey.
Conclusion	User involvement team to gain further information on the possible use of the 'I Want great care' App to collect patient feedback across the network. The board to send their current surveys to either lucie or Becca for the user involvement team to start work on this.
Actions and	UI team to feedback on the above.

responsibility	
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3. Improving service delivery

a. Radiology flagging

Discussion summary	Question asked to the board from TW, Does each trust have a radiology flagging system that fits desired criteria? If so what does his cover? Discussion for information only.
Conclusion	N/A
Actions and responsibility	N/A

b. CUP peer review update

Discussion summary	Noted action not complete from previous meeting.
Conclusion	Subgroup to be formed.
Actions and responsibility	CM and RP to schedule first meeting. Pathway board members to inform trust CUP leads that this is happening and they will be required to attend.

c. AO team staffing

Discussion summary	Each team listed the level of staffing in each trust for review of needs against previously submitted service specification. For information only.
Conclusion	For information only.
Actions and responsibility	For information only.

d. ACE2

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.

	<p>b) Form does not appear to have a section to identify a carer rather than just a next of kin</p> <p>c) 'The reason I am concerned this patient has cancer is' section needs to be further up the form, in a more prominent place.</p>
Actions and responsibility	

e. CWP update

Discussion summary	<p>Presentation given by CM to show the positive data that has been collected off the back of each trust using CWP within their trusts.</p> <p>The team saw the positives with what this data could be used to achieve.</p> <p>Light discussion took place around some of the issues still being faced by each team in regards to using the system day to day. Issues have been noted by CM and will be fed back where appropriate.</p>
Conclusion	For information only
Actions and responsibility	For information only.

f. GMCA - Achieving world class cancer outcomes paper

Discussion summary	<p>Noted that the paper was circulated.</p> <p>No questions asked.</p>
Conclusion	The board is committed to working on any projects that may be initiated off the back of the report.
Actions and responsibility	None

4. Subgroups

a. Education

Discussion summary	<p>Acute Oncology E-Learning Development - CF has now updated the AO slide set. This will be forwarded to the education sub-group for final approval before being uploaded to the Manchester Cancer website. The slide set is designed to serve as a basis of standard advice for teams to use in their local areas for AO education (it is by no means all inclusive), but serves to help ensure that basic / early AO education is consistent across the network.</p> <p>AO Formal Qualification and Accreditation Development - The Christie School of Oncology and University of Manchester plan to commence delivery of the Acute Oncology MSc module in September 2017. CF will be sending the education sub-</p>
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	<p>group details of the planned timetable for final approval alongside details of module costing and accreditation in the near future.</p> <p>Shared Presentations - CF has asked all teams to forward any presentations for immunotherapy / targeted therapy talks they have been given to him (conor.fitzpatrick@christie.nhs.uk). CM will enquire whether these presentations can be uploaded to a centralised location so we can all access these for our education.</p>
Conclusion	
Actions and responsibility	None

b. MSCC update

<p>1. Service & Activity</p> <p>a. The MSCC service has been added to the Trust risk register as it is a vulnerable service of only 1.25 WTE members of staff. The business case for expansion / cover has not been supported. Currently it is in the process of being reviewed again by the Acute and Critical Care Division within the Christie and it would be helpful to know the position of the commissioners within Manchester.</p> <p>b. MSCC Sub-group meeting x2/year. No meetings since the last Pathway board meeting. Next meeting is 29/3/17, 2-4, location TBC</p> <p>i. Radiology – Dr Misra has liaised with Maryna Lewinski regarding outcome from the Radiology cross-cutting group on communicating of significant findings, implantation of Bilsky ESCC score and SINS. Outcome - Bilsky score has been distributed to all sites, it has been laminated in MR and clinicians have a copy. So far uptake has been patchy. Alerting the requestor – all trusts have in place an alert mechanism for significant finding that should be enacted, most would include MSCC within these. Debate has been around ‘expected’ versus ‘unexpected’ findings:</p> <p><i>Where an emergency MR is procured with the direct aim of assessing for MSCC, the consensus view across the trusts in Manchester is that we would expect the referring clinician to read the verified report as a matter of urgency when the scan has been requested, performed and reported urgently. It is not standard practice of radiology departments in GM trusts to flag up ‘expected findings’. Further discussions regarding communicating ‘unexpected findings’ to take place within this group.</i></p> <p>ii. Incidents – No incidents logged by MSCC Coordinator</p> <p>2. Patient Information project – Proposal to secure funding for Patient Information project has been submitted. Currently awaiting response from Prof Janelle York, chair of CPRG with a view to sending to Macmillan, Cancer Research UK, etc.</p> <p>3. MSCC local Pathways – need to revisit which are completed with a view to uploading onto the MSCC webpage.</p> <p>a. Completed and ratified pathways: Christie, Salford, CMFT, Stockport, Bolton</p> <p>b. Pathways awaiting completion / ratification: Pennine, Tameside, Leighton, Wigan,</p>
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UHSM, Macclesfield. **NB – Please send pathway to LR once ratified so that it can be added to the Christie MSCC webpage.**

c. Nursing forum update

Discussion summary	CdM has given her resignation as Chair of the nurse’s forum. Last one took place in 09/16.
Conclusion	Next meeting to be planned in due course
Actions and responsibility	CMFT team will take over leading Nurse Forum and arrange the next meeting.

5. AOB

a. Pathway board meeting frequency

Discussion summary	2017 meetings scheduled as follows: March – 31/03 – 2-4pm May – TBC July – 28/07 – 2-4pm September - 29/09 – 2-4pm November – 01/12 -1-3pm All meetings to be held at the Christie.
Conclusion	
Actions and responsibility	

1. Date and time of next meeting –
2. **March – 31/03 – 2-4pm**
Meeting room 6, Trust Administration, The Christie NHS FT