GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

HPB Pathway Board

HPB Pathway Board Meeting at Manchester Royal Infirmary
Date of Meeting: **30 November 2017**
Chair: **Mr Derek O'Reilly**

Attendance	**Representation**
Derek O'Reilly	GMC HPB Pathway clinical director
Rebecca Price	GMC Pathway Manager
Vicki Stephenson Hornby	Wigan Macmillan HPB CNS
Neil Bibby	CMFT Macmillan specialist HBP dietician
Saurabh Jamdar	CMFT deputy rep
Claire Newton	CMFT CNS
Hans Ulrich Laasch	The Christie Consultant Radiologist
Lucy Foster	Pathology lead
Lindsay Wilby	Macmillan Project manager
Mel Atack	User Involvement Manager
Steve Sawyer	User Involvement
Sue Sykes	GMC Commissioner
Graham Wardies	User Involvement
Debbie Clark	CNS PAT
Apologies	RF, J Moore, SI, G Banait, RL, AL, SF, SG, MTD, VP, ACH, LMC

1. Welcome and introductions

Welcome, introductions and apologies
DOR welcomed all to the meeting and noted the apologies received.

i) Minutes of last meeting

The minutes of the last meeting were reviewed and approved without amendment. These will be uploaded to the Greater Manchester website

2. Matters arising

Discussion summary	1. HL inquired about progress on the consensus report from the Biliary Drainage sub-group (Ajith Siriwardena, Rishi Sethi, Vinotha Nadarajah, Harry Kaltsidis, Javaid Iqbal, Alistair Makin, Richard Hubner, Luke Williams, Hans-Ulrich Laasch, Ben McIntyre). DOR informed the meeting that they had met and discussed preferred region-wide approach to relieving biliary obstruction according to its Terms of Reference. Further discussion was deferred to a future meeting pending completion of its conclusions.

3. HPB performance data - Catherine O'Hara

Discussion summary	COH presented on cancer waiting times in GM and the context of targets of: time from referral to first appointment (2WW), decision to treat (31 days) and first treatment (62 days). In 2017, of 9387 people referred as TWW with suspected UGI cancer: there were 146 HPB cancers, 257 OG cancers, 115 other cancers, and 8869 with no cancer diagnosed. There were 258 additional HPB cancers referred through other pathways. Referral routes for confirmed HPB Cancers were: A&E 12%, GP 42%, consultant referrals 43%, Other 3%. This varied by CCG. For suspected UGI cancer GP referrals there was a median waiting time of 10 days; 94% had their first appointment within 14 days and 30% had a first appointment within 7 days. The median waiting time for decision to treat for all referrals was 18 days; for GP referrals it was 34 days. In GM & Cheshire 77% were treated within 62 days. Time to first treatment varied by trust (Appendix 1). First treatments for HPB patients in 2017 included: chemotherapy (5%), palliative care (48%), surgery (42%), active monitoring/other (4%). This varied by referral route. For GP Referrals Q2 17/18 (N = 57) treatment within 62d was achieved as follows: Chemotherapy 40%; Palliative care 91%; Surgery 81%; overall 81%. For Consultant Referrals Q2 17/18 (N = 40) treatment within 62d was: palliative care 73%; surgery 78%; overall 73%. Time to treatment varied by accountable trust Q2 17/18 (Appendix 2).
Conclusion	Models for achieving 85% 62 day RTT target were discussed. DOR thanked COH for the presentation and asked her to present survival data to the board when that became available. Improvements in meeting these treatment targets are required.
Actions & responsibility	COH, DOR, All.

4. Greater Manchester Cancer Commissioning - Sue Sykes

Discussion summary	Sue Sykes, Programme Manager GM Cancer Commissioning, explained the principles of the commissioning cycle. The Service Specification Process is a commissioning tool used to inform the NHS contract between the commissioner and the provider based on national standards, good practice and developed collaboratively between managers and clinicians and service users. There are three phases to the process of business case & service specification development: Phase 1 Development of commissioning plan / service specification; Phase 2 Devise models and implementation; Phase 3 Deciding on the right model and Implementation of chosen model. She described the governance arrangements and responsibilities of the Greater Manchester Cancer Board for commissioning. A review of the current commissioning arrangements for cancer care found: multiple commissioning organisations leading to variation in quality and access and gaps in provision; lack of access to cancer clinical expertise involved in commissioning; lack of commissioner overview and accountability for whole pathways of care; that cancer commissioning is often part of a wider portfolio in each CCG, without the dedicated focus and specialist knowledge required; information on outcomes comes from multiple sources and is not always timely; cancer service specifications, where they do exist, are out of date, not comprehensive and delivery against the stipulated requirement is not monitored; pathways are not described within the context of an overall service model and detailed agreements as to how providers work together to deliver seamless care are not stipulated; there is no clear and

	consistent means by which the system rapidly evaluates and adopts best practice; and that a coordinated commissioner approach to delivery of all activities in the respective component parts will be essential if the ambitious goals for cancer outcomes are to be achieved.
Conclusion	Next steps and implications for cancer commissioning arrangements include: prioritising work to ensure that strong clinical leadership is built into the new arrangements (development of a "role description" for the clinical commissioner of the future); developing and implementing governance arrangements which are legally compliant and support the delivery of the local and GM level ambition; agreement of the services that need to be commissioned against agreed quality standards; and scoping and phasing of services to be placed within a Commissioning Hub for GM level commissioning. DOR thanked SS for shedding light on a complex and ill-understood topic and for her on-going participation and support for the HPB Pathway Board.
Actions & responsibility	SS, DOR, All.

5. Implementing the Recovery Package in Greater Manchester – Lindsay Wilby

Discussion summary	Lindsey Wilby, Macmillan Project Manager – Living with and Beyond Cancer, presented on 'Implementing the Recovery Package in Greater Manchester' within the context of the Greater Manchester Cancer Plan and the Macmillan Recovery Package (Appendix 3). She outlined the potential impact of the Recovery Package for people living with and beyond cancer as well as the wider benefits. The Recovery Package targets and timelines were described. These include: from the end of December 2017 onwards, all new patients should receive Holistic Needs Assessment (HNA) and a resultant care plan at the time of diagnosis, and again at the end of treatment and at the latest at the first review appointment. The Gold standard choice of HNA tool is the Macmillan eHNA and My Care Plan. All pathways and localities should be working towards implementing this digital tool by March 2020, even if they have opted to implement an alternative tool in the interim. A Treatment Summary should be completed promptly (after each modality of treatment) and sent to both patient and GP practice within six weeks of the end of primary treatment. This should be in place for all patients by March 2019. The GM Cancer target is for all patients to be offered the opportunity to attend a Health and Wellbeing Events from March 2019. GM Cancer does not, at present, specify any particular model for the delivery of Health and Wellbeing information. A considerable risk to the Recovery Package 100%target exists as many localities and pathways are currently at a very low baseline or are not able to collect the necessary data.
Conclusion	In GM it will be the responsibility of the GM Cancer Pathway Boards to ratify standardised content for treatment summaries (one for each diagnosis), drawing on existing templates. A HWBE has to be provided by the HPB Pathway Board in 2018. On-going progress with implementation of the recovery package will be discussed at future meetings.
Actions & responsibility	All HPB CNS, DOR, All

6. All Party Parliamentary Group Report on Pancreatic Cancer DOR

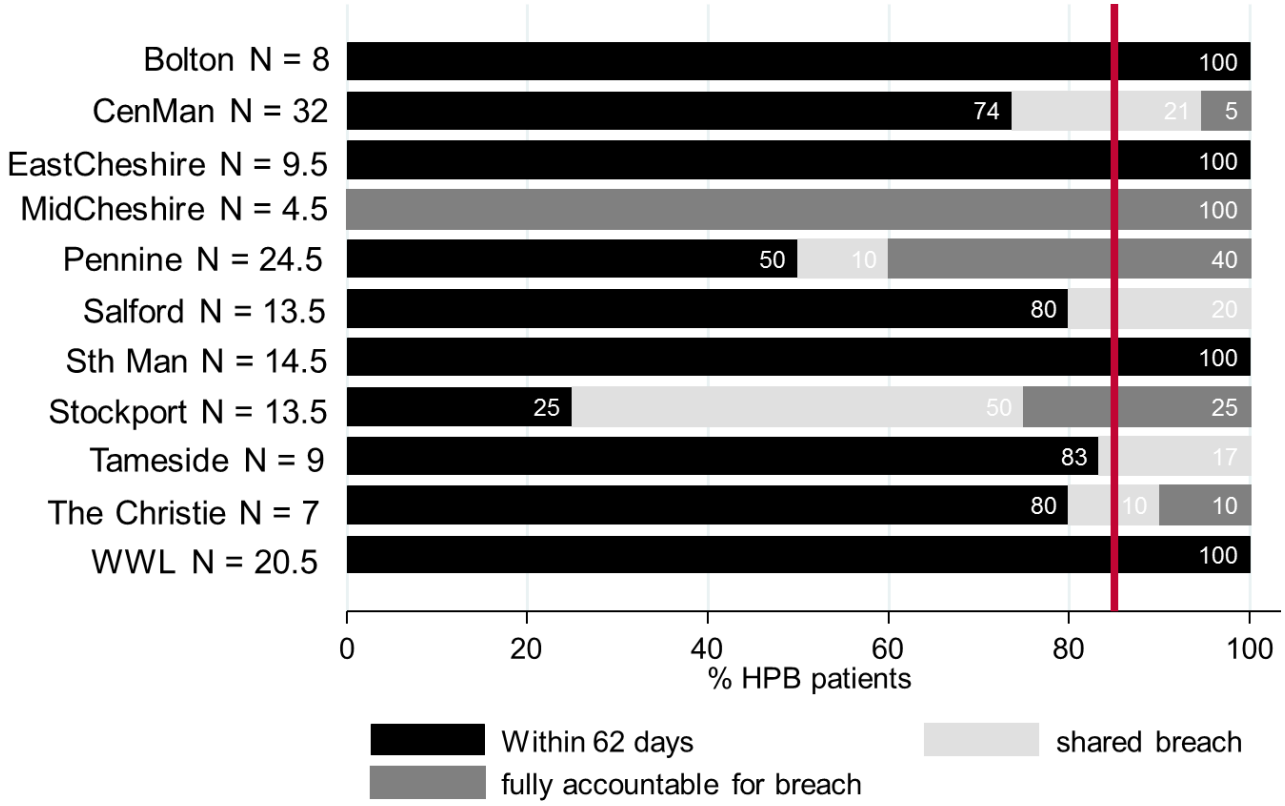
Discussion summary	DOR discussed the All Party Parliamentary Group Report on Pancreatic Cancer 'The Need for Speed - Diagnosing Pancreatic Cancer Earlier, Giving Patients a Chance of Living Better for Longer', launched in the House of Parliament on 15 Nov 2017. The link to the full report is: http://www.pancanappg.org.uk/wp-content/uploads/2017/11/5934_PCUK_APPG_Report_HR4.pdf The report launch can be viewed at: https://www.facebook.com/NicDakinMP/videos/10155048898446398/ The APPGPC is calling for: (1) increased research funding directed at the early diagnosis of pancreatic cancer; (2) a pancreatic cancer specific symptom awareness campaign and/or a series of generic symptom campaigns, addressing vague symptoms associated with pancreatic cancer; (3) improved tools, education and guidelines about pancreatic cancer for general practitioners and others; (4) better diagnostic pathways; (5) fast-track surgery and faster access time to all other treatments, when possible; (6) full implementation and support for the NHS England Cancer Strategy and Cancer Alliances. The Manchester Jaundice Pathway is featured as a successful model in the report and in relation to fast-track pathways, The APPGPC calls for: Clinical/Specialised Commissioning Groups to consider making, based upon the latest available evidence, the small upfront investment to implement these pathway changes in Manchester and Birmingham and around the country so these pilots become fixtures and the gains made do not disappear. The Government and NHS England must consider developing national guidance supporting fast track surgery and faster access to treatments based upon the latest available evidence.
Conclusion	The APPGPC report will be of value to pathway board members when commissioning and other decision-making bodies consider funding and resources for pancreatic cancer.
Actions & responsibility	SS, DOR, All.

7. AOB & dates of future meetings:

Discussion summary	Weds 24 Jan 10.00-12.00 Macclesfield Hospital 6 March 14.00-16.00, Salford Royal Infirmary, 14 May, 10.00-12.00 Christie Hospital 13th September 2018, 14.00-16.00 MRI 13 November 2018 14.00-16.00 North Manchester General Hospital
Conclusion	Agreed.
Actions & responsibility	

Appendix 1

Time to first treatment by accountable trust (reallocated breaches)



Appendix 2

Time to treatment by accountable trust Q2 17/18

accountable trust	Chemotherapy			Palliative care			Surgery		
	N	% 62d	median time to trt	N	% 62d	median time to trt	N	% 62d	median time to trt
Bolton				5	100%	27	3	100%	17.5
CenMan	0.5	100%	61	5	60%	51	23.5	66%	33
EastCheshire				8	100%	30	1	100%	5.5
MidCheshire	1	0%	84	3	100%	30	0.5	100%	21
Pennine	2	0%	82.5	12	92%	22.5	10.5	81%	33
Salford	0.5	0%	106	8	100%	11.5	5	70%	18
Sth Man				8	75%	21.5	6.5	100%	8
Stockport				9	89%	16	4	75%	7.5
Tameside	0.5	100%	35	4	100%	21	4.5	89%	17
The Christie	1.5	67%	61	2	100%	34	1.5	33%	58
WWL				10.5	100%	21	10	100%	8

Appendix 3 Macmillan Recovery Package