

Manchester Cancer
Minutes of the Brain & CNS pathway board meeting

Date of Meeting **21st April 2015**
Time of meeting **13.30 hrs – 15.00hrs**
Venue **C2 Seminar room, Level 2 Humphrey Booth Building, Salford Royal**

Member's in attendance:

Dr McBain (Chair)	Christie	Dr Harrison	UHSM
Julie Emerson	Christie	Andrea Wadseon	Salford
Alison Gilston-Hope	Salford	Elizabeth Molloy	Christie
Dr Tran	Christie	Dr Sein	East Cheshire
Sara Robson	Christie	Dr Kallat	Bolton
Miss Karabatsou	Salford		

Apologies:

Dr Douglass	Tameside	Prof Selby	CMFT
Dr Kearney	Salford (Pituitary)	Dr Ismail	WWL
Dr Dizayee	Stockport	Mr Rutherford	Salford (Skull Base)
Sarah Cundliffe	SRFT		

In attendance:

J Leighton Manchester cancer

1. Welcome, introductions and apologies

a. Apologies – All apologies were noted

b. Terms of reference

Dr McBain (CMcB) welcomed everyone to the first meeting of the newly structured board. She then went onto to explain the rationale behind the restructure and how the strategic management group and the patient experience group would support this board in the future.

The group were happy with how the board was now structured but MS suggested that there should be representation on the board from the stroke centres (Pennine and Stockport). This was felt to be a positive suggestion.

Action – CMcB to discuss this with Dr Kawafe at Pennine Acute Trust.

Action – CMcB and TK to review the stroke pathway and identify how we might draw on this model.

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

Report from the Brain & CNS strategic management group

CMcB reported back on the inaugural meeting of the strategic management group (SMG) and the minutes circulated with the agenda.

NCIN outcome data update

She outlined that the strategic management group had a discussion on measurable outcomes for surgical and non-surgical treatments as extracted from the Christie clinical web portal (CWP).

She then went on to present a recent report on outcome data from a national and local perspective. (The presentation is embedded into these minutes- for information.) CMcB confirmed that the CWP data was not yet able to be compared with national and international data due the lack of reproducible comparator measures.

Miss Karabatsou (TK) confirmed that the NCIN was undertaking further work on collecting data on survival. The SMG plans to finalise the outcome measures to be collected to allow their inclusion in the Brain and CNS Annual Report.

2. Objective no 2 – Improving patient experience

a. Report from the Brain and CNS patient experience group

Andrea Wadson (AW) reported on an unavoidable delay in undertaking the patient experience survey. She expected this to go out in the near future and will provide an update at the next patient experience group.

TK explained that following the pituitary MDT AGM, there was a plan to undertake patient focus groups and patient are also to be asked to write down their stories of their experience of their disease.

Julie Emerson (JE) reported to the group on the progress on the patient held record and the formal review that is about to be undertaken. The group then had a discussion on how best to use these records in other local units and the benefits that may arise.

Update on living with & beyond cancer projects

Sara Robson (SR) provided to the board an update on the successful bids to the Macmillan “Living with and beyond cancer” fund. There are two projects now funded, one to assess patients health needs post treatment and help to then design a more suitable support package.

The other project is to support the needs of patients with cerebral metastatic disease by scoping the educational needs of professionals that care for them (eg breast care nurses, lung specialist nurses) and design a neuro-oncology tailored training package for those staff.

The group also had a discussion on the epilepsy guidelines and the work undertaken to support acute trusts. The group felt these would be useful and agreed to circulate these wider within their own sites.

Action – JL to circulate the epilepsy guidelines with the minutes of the meeting

3. Objective no 3 – Increasing research and innovative practice

a. Clinical trial recruitment and national comparison

CMcB spoke to a NCRN report on clinical trial recruitment and confirmed that recruitment was as good as elsewhere in the country. This objective will be reviewed via the Strategic Management Group.

4. Objective no 4 – Delivering compliant and high quality services

a. Acute Trust issues and report

Dr Kallat (AK) raised concerns about the Trusts getting feedback from SRFT and the Neuro-oncology MDT on patients referred and how the existing processes were supporting the acute Trusts.

Dr Sein (MS) raised a similar concern with to patients that may have changed Consultant during and admission and the relevant information is being lost within internal systems. CMcB confirmed that the minutes go back to cancer services and then cancer services should locate the patient within the Trust and physically take the minutes to that ward or consultant's secretary.

CMcB suggested that to help address these concerns that she would resend the agreed process to all the cancer services leads and remind them of the process and their responsibility with regard to this.

Action – CMcB to write to all Cancer services leads informing them of the process

MS raised for discussion with the group the issue of how to discharge and support those patients who have had treatment and live on their own. The group felt that this was best achieved by community and Macmillan nursing.

b. Neuro-rehabilitation issues and report

JE confirmed that there was currently a waiting time of 18 weeks for Neuro-rehab in the community and considered this to be a significant risk for these patients.

c. Peer review

TK provided feedback from the Pituitary AGM.

That service remains compliant with no major issues, but concern had been raised at that meeting the strengths of links to Supportive Care services, particularly for oligodendroglioma patients.

This was helpful as the Supportive Care MDT also felt that their links to pituitary were weak.

Action: JE and Gemma Walls (neuropsychology) will work to clarify and strengthen pathways

AW fed back to the group on the Skull Base MDT AGM. The issues raised were –

- The MDT is without a permanent MDT co-ordinator
- It was experiencing delay in getting the minutes of the meeting out
- The number of patients discussed continued to rise
- Nursing establishment
- Changes in scanning protocols

TK confirmed that the Neuro-oncology MDT AGM was to take place on the Tuesday following this meeting (28/4/15). She anticipated that some of the items to be raised were –

- Issue of neurology cross cover for the MDT
- Radiology support for the MDT as well as imaging, reporting of patients' scans

5. Any other business

There were no other items for discussion.

6. Date and time of next meeting

22nd September 2015 13.30 – 15.00hrs



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