

Head and Neck Pathway Board 10th March 2016 Minutes of Meeting

Peter Mount Meeting Room, Peter Mount Building, CMFT

Time: 2-4pm

Attendance	Representation
Miss Susi Penney	Consultant ENT Surgeon, Tameside FT, Pathway Director
David Makin	Patient representative
Mark Price	Patient representative
Lucie Francis	Macmillan User Involvement Manager, Manchester Cancer
Hannah Kelly	Dietician, CMFT
Yatin Jain	Consultant, Christie FT
Suzie Bonnington	Consultant Radiologist, Christie FT
Rachel Hall	Pathologist, Pennine
Laxmi Ramamurthy	Consultant ENT Surgeon, Stockport FT
Kate Hindley	CNS, SRFT
Philip Bryce	CNS, CMFT
Chetan Katre	Consultant, PAT
Maria Round	Macmillan Head & Neck CNS, PAT
Debbie Elliott	CNS, Christie FT
Frances Ascott	SLT, CMFT
Katie Hindley	CNS, SRFT
Apologies	
Helen Doran	Consultant Thyroid Surgeon, Salford FT
David Thomson	Oncologist, Research representative, Christie
Catherine Cameron	Head and Neck CNS, WWL
Kerenza Graves	CNS, Bolton FT
Jonathan Hobson	ENT Consultant, UHSM
Kate Garcez	Oncologist, Christie FT
Helen Rust	SLT, Christie FT
Karen McEwan	Macmillan GP, Stockport
Mazhar Iqbal	Maxillo Facial Surgeon, UHSM
Mr Manu Patel	Consultant Oral Maxillo Facial Surgeon, UHSM
Mr V Pothula	Consultant Head and Neck Surgeon, WWL

In Attendance:

Nicola Remington, Pathway Manager, Manchester Cancer

Agenda Item	Action
<p>1. Apologies Apologies were noted. Reduction in attendance was attributed to the Junior Doctors' Strike occurring today and the requirement for Consultants to remain on site as cover.</p>	
<p>2. Welcome and introductions SP welcomed Nicola Remington to the Board who is today covering the Head & Neck Board meeting as Hodan Noor has left her role within Manchester Cancer. NR stated that a replacement Pathway Manager, Claire O'Rourke, has been appointed to the Head & Neck Board and is due to start on 1st April 2016. NR apologised for any gaps in support during this interim period. SP welcomed Lucie Francis, Macmillan User Involvement Manager to the Board [T: 07920 817 665, Email: Lucie.Francis@nhs.net]. SP highlighted that this is her last meeting prior to starting maternity leave and meetings will reconvene in the summer.</p>	
<p>3. Minutes from the last meeting The minutes of the meeting held on 13th January 2016 were accepted as an accurate record of the meeting.</p>	
<p>4. Matters Arising All outstanding items completed.</p>	
<p>5. Objective 2- Improve Patient Experience</p> <p>a) Manchester Cancer User Involvement Team – LF summarised the Manchester Cancer User Involvement Q2 Report. Further developments have been reaching their objective to recruit 100 people affected by Cancer by March 2016 which has now been achieved. Further objective was to have a person affected by cancer on each Pathway Board which has also now been achieved. LF stated that they are also working to establish a small community of people affected by H&N cancer (minimum 6 people) to feed into the H&N Pathway Board (via DM and MP) in order to ensure a broad range of representation, including aspects of treatment involving Surgery, Chemotherapy, Radiotherapy etc. LF asked the Board to be aware of the resource now available and that their input into future projects can be very meaningful due to their wealth of knowledge. LF also highlighted that it was imperative to keep those recruited engaged by allocating them to such projects. DM & MP requested for the establishment of said small community to be a.s.a.p. and LF stated the aim was to have this established prior to the next Pathway Board in June 2016. PB highlighted that Central FT are due to have their next Health & Wellbeing Event on 8th April 2016 and invited LF to attend in order to potentially recruit to the small community of people affected by H&N cancer – LF confirmed. Patient Support Groups – group discussed requirement for a comprehensive list of all patient support groups across Greater Manchester. LF to collate.</p> <p>b) Late Effects Survey (LW&BC) - In the coming year The Living with and Beyond Pathway (LW&BC) Board are undertaking a mapping exercise of current resources</p>	<p>ACTION: LF to establish small community of people affected by H&N cancer by next PB meeting (16/06/16). LF to attend H&W Event at CMFT on 08/04/16.</p> <p>ACTION: LF to collate definitive list of all H&N Patient Support</p>

<p>SP stated that the Cancer Vanguard Team have highlighted that the only way to ensure standardisation and improvement of Cancer pathways is through the development of robust quality standards that all service providers must adhere to (through monitoring by commissioners).</p> <p>SP stated that there are a number of areas within the draft Quality Standards document that are as yet to be covered and primarily this is due to various categories not currently being present on the template such as Prevention for which the requirement for HPV vaccinations for boys will be included.</p> <p>Ideal Diagnostic Pathway - SP requested for all to forward their ideal Diagnostic pathway, including one-stop clinics etc.</p> <p>Self-Referral/Direct Access - SP discussed the possibility of self-referral and stated that she has suggested to the Cancer Vanguard Diagnostic Group [GP Lead: Matthias Hohmann] to start with H&N and to pilot self-referral to Neck Lump clinics due to the fact that if you are >40yrs and have a neck lump then the probability that this is cancer is very high. SP requested for all to be receptive to CCGs should they contact them requesting assistance with the delivery of this pilot.</p> <p>CNS Resource – group discussed the need for additional CNS resource as many Trusts currently only have 1 x CNS and therefore annual leave/sickness is not able to be covered. Also, CNSs need appropriate level of admin support. To be included in next draft of standards.</p> <p>Establishment of Specific Tracheostomy Pathway</p> <p>Clinical Audit – no responses received as yet.</p> <p>Clinical Research – no responses as yet.</p> <p>Education – needs to be large part of Quality Standards.</p> <p>Follow-up – The group agreed that remote follow-up would not be viable for H&N patients as a physical examination and observation would always be required for this patient group.</p> <p>Palliative Care & Hospice Access – Access is inequitable across GM. Best practice will need to be made explicit. LW&BC pathway will develop this but also need to state within the Quality Standards for H&N.</p> <p>Audiology – Access is inequitable across GM.</p> <p>Transport Issues – significant inequity in transport provision across GM.</p> <p>All standards to be emailed to SP so the second draft can be shared for the June meeting for further discussion and deliberation.</p> <p>SP also highlighted the need for best available evidence to support the establishment of the Quality Standards (SP will send targeted emails for this).</p> <p>b) New 2WW Referral Form – SP attended the GP meeting (with all CCGs represented) last week and recommended that the current draft of 2WW referral form based on the NICE guidance needs amending. The GPs were receptive to this and a new form will be issued in the near future. This will be a Pan Manchester form accepted by all CCGs and will be based upon the old Manchester Cancer referral form. GP Sarah Taylor is leading on this and will be forwarding a draft form to SP in the next few weeks. The form will have a generic</p>	<p>contact Brian Benatar requesting membership to the Cancer Vanguard Pathology Board.</p> <p>ACTION: Each Trust to forward their ideal Diagnostic Pathway to SP to contribute to the development of the Quality Standards.</p> <p>ACTION: All to assist in the delivery of the Self-referral pilot should they be contacted by the CCGs.</p> <p>ACTION: All to forward further additions/recommendations for the Quality Standards to SP.</p> <p>ACTION: SP to share 2WW referral form draft document with PB once received from Sarah Taylor.</p>
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<p>front page (demographics etc.) for all tumour groups and the second page will be tumour group specific. SP will share the draft referral form with the Board once received.</p>	
<p>8. Annual plan 15/16 Action log Deferred to the next meeting.</p>	
<p>9. A.O.B. SP stated that her last day prior to taking Maternity Leave is Wednesday 23rd March 2016 but plans to access emails during her leave.</p>	
<p>10. Date of the next meeting</p> <ul style="list-style-type: none"> • 16th June - 2-4pm Peter Mount Room, CMFT • 21st September – 2-4pm meeting room 6, Christie Trust HQ • 23rd November 2-4pm meeting room 6, Christie Trust HQ 	