Manchester Cancer

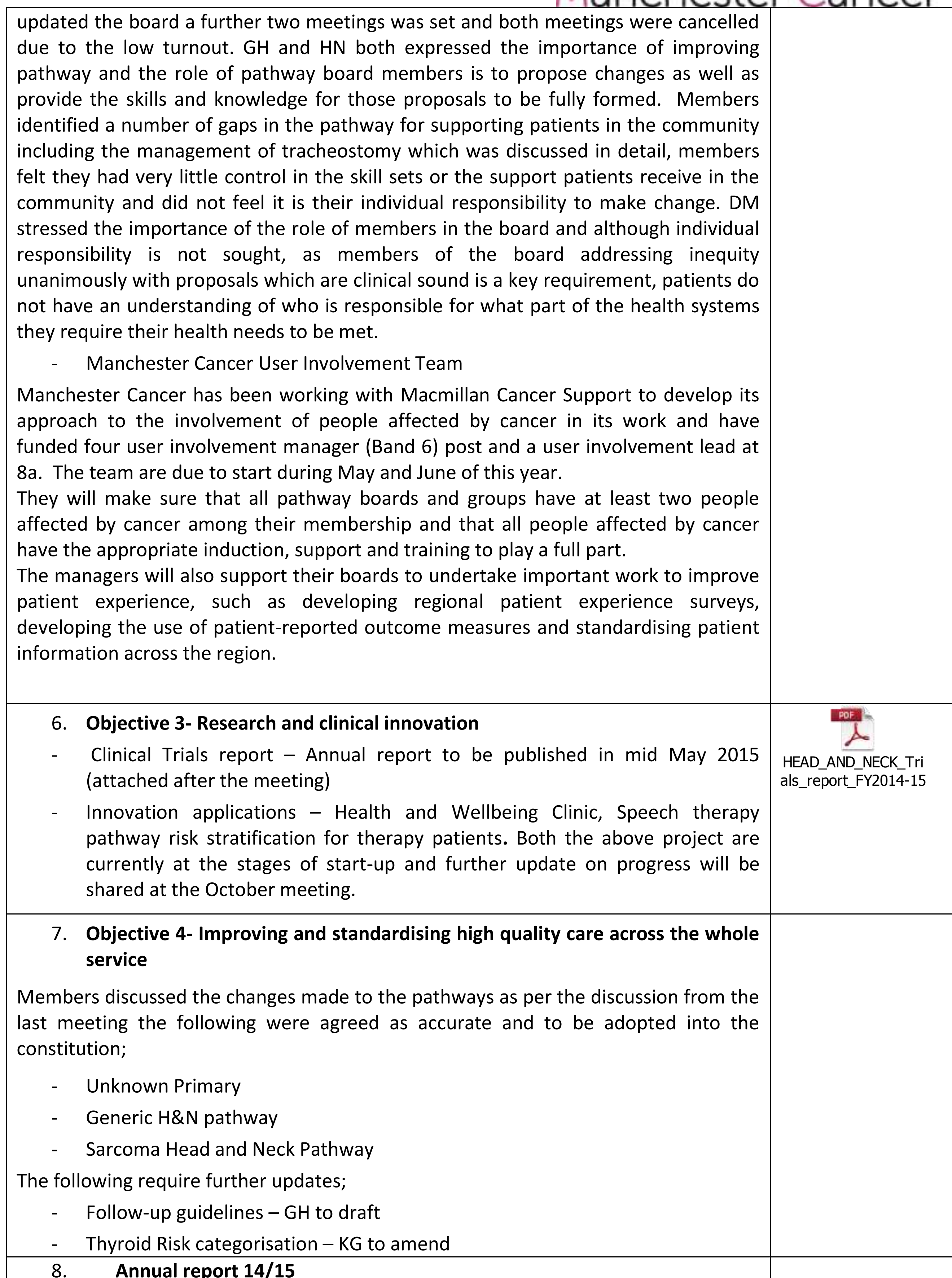
Head and Neck Pathway Board
11th May 2015
Minutes of Meeting

Meeting Room 6, The Christie

Time: 2-4pm

Attendance	**Representation**
Gillian Hall	Consultant & Pathway Director CMFT
Suzi Bonington	Consultant Radiologist, Christie FT
Karenza Graves	CNS, Bolton FT
Kate Garcez	Oncologist, Christie FT
Debbie Elliott	Thyroid CNS, Christie FT
Mazhar Iqbal	Maxillo Facial Surgeon, UHSM
Helen Doran	Consultant General Surgeon, SRFT
Miss L. Ramamurthy	Thyroid Surgeon, Stockport FT
David Makin	Patient Lead
Apologies	
Professor Jarrod Homer	Consultant, CMFT
Mr Manu Patel	Consultant Oral Maxillo Facial Surgeon, ECFT
Chetan Katre	Consultant, PAT
Cath Cameron	Head and Neck CNS, WWL
Kathleen Mais	Head and Neck Nurse Clinician, Christie
Mr V Pothula	Consultant Head and neck surgeon, WWL
Philip Bryce	CNS, CMFT
Francis Ascott	SLT, CMFT
Katie Foster	Dietician SRFT
Mr Andrew Baldwin	Surgeon, PAT
Maria Round	Macmillan Head & Neck CNS, PAT
Kate Hindley	CNS, SRFT
Miss Susi Penney	Consultant ENT surgeon, Tameside FT

Agenda Item	Action
1. Apologies Apologies were noted	
2. Minutes from the last meeting HD attended the last meeting, all other content was confirmed as an accurate account and true description of the meeting.	
3. Matters Arising - Lead names on ToR GH highlighted the gaps in lead names described in the terms reference, members identified there is gap for GP representation which Manchester Cancer have sought for a period of time with the Macmillan Gps . of Palliative Care lead CNS team agreed to share the role of LW&BC, palliative care and education. Early diagnosis, members described that delays is early diagnosis is due to patients not presenting and proposed public awareness would be a better option. The early diagnosis lead will feed into the early diagnosis, awareness and screening pathway board to develop future work programmes for Manchester Cancer. LM agreed to take the role of early diagnosis - Board membership and attendance Members discussed the lack of attendance from some members, it was agreed that each head and neck MDT be represented at the board, medical representation cannot be replaced with nursing role and members need to ensure if they are unable to attend to send a deputy e.g. registrar - 62 day waiting time audit GH informed the team she is still awaiting the report from the cancer manager to draft feedback, members felt any pathway audit needs to include a medical representative within the team to enhance the recommendations. GH agreed to include this feedback into the feedback. GH mentioned if there has been an update in CMFT moving the MDT out of Christie. Members highlighted there have been discussions but no formal plan as yet. CWP – a project board has been formed to describe the cost of implementing CWP across all pathways, this proposal will be shared with the provider board to resources. Currently the Lung and Gynaecology pathways are the only pilots. The project board will also be recruiting a project manager who will be exploring the discussion raised by the lead managers meeting regarding Somerset updates.	
4. **Objective 1- Improving outcomes/survival rates** - Head and Neck performance dashboard – report at the next meeting	
5. **Objective 2- Improve Patient Experience** - CNS and SLT mapping outcomes GH described the AHP and CNS meeting held early last year, the team described overall three key concerns communication between referring and treating trust, roles and responsibilities of AHP and nursing and the need to incorporate or develop the skill requirements of community nursing in managing patients in the community. GH	



updated the board a further two meetings was set and both meetings were cancelled due to the low turnout. GH and HN both expressed the importance of improving pathway and the role of pathway board members is to propose changes as well as provide the skills and knowledge for those proposals to be fully formed. Members identified a number of gaps in the pathway for supporting patients in the community including the management of tracheostomy which was discussed in detail, members felt they had very little control in the skill sets or the support patients receive in the community and did not feel it is their individual responsibility to make change. DM stressed the importance of the role of members in the board and although individual responsibility is not sought, as members of the board addressing inequity unanimously with proposals which are clinical sound is a key requirement, patients do not have an understanding of who is responsible for what part of the health systems they require their health needs to be met. - Manchester Cancer User Involvement Team Manchester Cancer has been working with Macmillan Cancer Support to develop its approach to the involvement of people affected by cancer in its work and have funded four user involvement manager (Band 6) post and a user involvement lead at 8a. The team are due to start during May and June of this year. They will make sure that all pathway boards and groups have at least two people affected by cancer among their membership and that all people affected by cancer have the appropriate induction, support and training to play a full part. The managers will also support their boards to undertake important work to improve patient experience, such as developing regional patient experience surveys, developing the use of patient-reported outcome measures and standardising patient information across the region.	
6. **Objective 3- Research and clinical innovation** - Clinical Trials report – Annual report to be published in mid May 2015 (attached after the meeting) - Innovation applications – Health and Wellbeing Clinic, Speech therapy pathway risk stratification for therapy patients**.** Both the above project are currently at the stages of start-up and further update on progress will be shared at the October meeting.	PDF HEAD_AND_NECK_Trials_report_FY2014-15
7. **Objective 4- Improving and standardising high quality care across the whole service** Members discussed the changes made to the pathways as per the discussion from the last meeting the following were agreed as accurate and to be adopted into the constitution; - Unknown Primary - Generic H&N pathway - Sarcoma Head and Neck Pathway The following require further updates; - Follow-up guidelines – GH to draft - Thyroid Risk categorisation – KG to amend	
8. **Annual report 14/15**	

HN and GH to draft and circulate	
9. **Annual plan 15/16 Idea's for discussion** Members discussed the annual plan options and agreed the items listed to me incorporated in the annual plan. **Patient Experience** – (audit on patient information regarding treatment, late effects following NCPES findings) Palliative Care : Head and Neck pathway has understanding of the following; Where to access pain and symptom control guidelines Referral guidelines to specialist palliative care teams Awareness of local palliative care teams **Outcome & survival :** Engage with Manchester Cancer to be part of the CWP project End of Treatment summaries for patient curative intent – potential Engage with LW&BC identify all H&N late effects post treatment Engage with LW&BC late effect patient experience audit **Research and Innovation:** Innovation project	
10. A.O.B LCA Head and Neck guidelines – GH discussed using once peer review self-assessment is completed that the LCA head and neck guidelines could be replicated for this pathway.	
11. **The following dates Trust Administration, Level 3, The Christie NHS FT :** 8th July (room 6) **CANCELLED** , 23rd September (room 6), 18 November (room 6)	