

Head and Neck Pathway Board 13th January 2016 Minutes of Meeting

Humphrey booth Lecture theatre 2, Mayo building SRFT

Time: 2-4pm

Attendance	Representation
Miss Susi Penney	Consultant ENT Surgeon, Tameside FT, Pathway Director
David Makin	Patient representative
David Thomson	Oncologist, Research representative, Christie
Mazhar Iqbal	Maxillo Facial Surgeon, UHSM
Kate Hindley	CNS, SRFT
Miss L. Ramamurthy	Thyroid Surgeon, Stockport FT
Chetan Katre	Consultant, PAT
Karen McEwan	Macmillan GP, Stockport
Frances Ascott	SLT, CMFT
Mark Price	Patient representative
Debbie Elliott	CNS, Bolton FT(Kathleen Mais attended on behalf of Debbie)
Helen Rust	SLT, Christie FT
Philip Bryce	CNS, CMFT
Hannah Kulbacci	WWL
Suzie Bonington	Consultant Radiologist, Christie FT
Catherine Cameron	Head and Neck CNS, WWL
Rachel Hall	Pennine
Hannah Kelly	Dietician CMFT
Apologies	
Mr Manu Patel	Consultant Oral Maxillo Facial Surgeon, ECFT
Katie Hindley	CNS, SRFT
Mr V Pothula	Consultant Head and neck surgeon, WWL
Jonathan Hobson	ENT Consultant, UHSM
Kate Garcez	Oncologist, Christie FT
Kerenza Graves	CNS, Bolton FT
Maria Round	Macmillan Head & Neck CNS, PAT

In Attendance:

Hodan Noor Pathway Manager, Manchester Cancer

Jonathan Turnbullross, Macmillan User Involvement Manager, Manchester Cancer

Richard Siau, ENT Trainee, Stockport

Agenda Item	Action
<p>1. Apologies Apologies were noted</p>	
<p>2. Welcome and introductions SP welcomed Mark Price new patient representative for the board, David Thomson as the research lead from Christie replacing Jarrod Homer at CMFT, Karen McEwan McMillan GP at Stockport and Hannah Kelly Dietician at CMFT. SP thanked new members for joining and confirmed to all members this board is now compliant with the Manchester Cancer terms of reference for board members.</p>	
<p>3. Minutes from the last meeting The minutes of the meeting held on November 18th 2015 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 - The Manchester Cancer User Involvement Team (MUIT) has had a full team in place from August 2016. The team have fully co-produced the structure for user involvement, an induction session, welcome booklet, and continue to develop a skills session named 'User Involvement Matters'.</p> <p>The team have launched the recruitment campaign that in the project's first quarter exceeded its target of 25 new people affected by cancer, to 33 new members. This has been achieved through collaborative working with the Trusts, Macmillan services and existing support & user involvement groups. Participants are expressing interest in a variety of opportunities from 'remote' members to aspiring board members.</p> <p>So far, uptake of opportunities by people affected by lung Cancer has been low. Members of the board are strongly encouraged to express opinions on how further participation could be encourage. The MUIT are able to provide publicity material, attend events, and have a presence at areas such as clinics and health & well-being events.</p> <p>Upcoming priorities for the MUIT are 1) Continue recruitment campaign to achieve target of 100 new user involvement participants by 31st March 2016, 2) Co-design a process for the placement of people affected by cancer on pathway boards, and begin recruitment to these roles, 3) Co-design with professionals and people affected by cancer a system/structure for how pathway boards can and will be able to make full use of the Manchester Cancer user involvement function in their work.</p> <p>The future focus is to develop a small community of people effected by head and Neck if people are aware of patients or carers interested please contact us.</p> <p>b) Innovation project updates – The Speech Therapy project has been deferred until March 2016 due to recruitment issues. The Health and wellbeing Events project has run two event at Manchester Royal in September and November last year and further event to be held on the 22nd of January with 40 patients and carers</p>	

<p>the final event will be held on the 8th of April. The objective is to write an evaluation report of the events and draft a business case in taking this forward within CMFT. HN proposed a joint proposal to be drafted across the three surgical sights to encourage collaboration and standard approach in delivering health and well-being events. This can be taken forward to the Director of Operations in these Trusts and Manchester Cancer Senior Managers to seek funding support. Lindsey Wilby the project Manager for the funding can advise on the next steps and facilitate the conversations once the business plan has been drafted. SP proposed anyone interested in seeing how these events are run to contact PB and also share any events run by other Trusts first contact CNSs in the representative trusts. The user involvement team can also support the business case in rolling out the health and wellbeing event.</p> <p>c) Late effects survey- In the coming year The Living with and Beyond Pathway (LW&BC) Board are undertaking a mapping exercise of current resources to support both the general and specific consequences of treatments. As part of this a survey has been shared for completion to all boards which then the LW&BC board will draft a proposals for a Manchester Cancer survey of 'life after cancer'. SP has identified a small sub group to draft the initial survey to discuss at the next board meeting.</p>	<p>SP to share draft survey findings at the March board meeting.</p>
<p>6. Objective 3- Research and clinical innovation</p> <p>a) Clinical Trials report – April to October 2015:</p> <p>DT shared with members a new trial Pathos is national phase 2/3 trial led by Liverpool and Cardiff. It is an integrated radiotherapy and surgical trial looking at patients who are HPV positive oropharynx cancer eligible for laser or resection. There is an agreement of all relevant parties at Christie and CMFT awaiting the increased research nurse support at CMFT to have a shared cared agreement. At north there is an opportunity to open this trial too, CK confirmed once a new laser machine and some equipment are installed this will start. Speech therapy will be a key in screening and follow up to support standardise care which can then be the template for delivering quality care.</p> <p>SP confirmed there are other trials currently open and there are some dips in the recruitment however with the support of DT will support the increase in providing the relevant information.</p> <p>SP also requested if members to bring any trials they which to open or discuss to bring to the board for support. MP queried for research patient are they monitored in his experience he was not followed up. From a patient perspective there needs to be more contact and engagement. SP confirmed this was previously because it was a local research however this one is a national trial with rigorous processes which will have key touch points with patients throughout the trial.</p> <p>SP requested members need to take the trials to their MDTs to increase uptake.</p> <p>7. ENT “Switch Off” Audit (discharge)- Presentation by Richard Siau from Stockport Approximately 1000 HSC205 referrals per annum to ENT clinic. Previously all patients referred stay on HSC205 pathway, until manually switched off. Looked at outcomes of all 2WW referrals to ENT clinic from Jan 2015 to August</p>	

<p>2015</p> <ul style="list-style-type: none"> a. Days to switch off b. "Conversion" rate <p>Findings: a large proportion of outpatient workload is made up of "2-week wait" suspected cancer referrals.</p> <p>5.7% of these referrals receive a final diagnosis of cancer.</p> <p>ENT has a unique ability to rapidly exclude oral, pharyngeal and laryngeal malignancy in the outpatient clinic.</p> <p>Outcome: The introduction of a "cancer pathway" section in the clinic outcomes form in October 2014 has allowed rapid "switch off" of patients following exclusion of malignancy.</p> <ul style="list-style-type: none"> c. Reduction in workload for: <ul style="list-style-type: none"> i. ENT clinic ii. Radiology iii. Pathology <p>CK suggested this is a good idea and this should be replicated across all Trust as there is variation across the Trusts, including it in the patient outcome form supports it rather than sending letters or emails. Once the outcome forms are completed this is returned to cancer services to upload onto patients notes on the computer which has had created a reduction in workload.</p> <p>Wrong switch off should be the next audit however in the case of doubt patients are stepped down rather than discharge.</p> <p>DM queried if patients aware of what is the next step after switch off? SP confirmed it is the responsibility of the clinician to be sharing the information to let them know they are discharged and it happens by the consultants.</p> <p>In the event it's not cancer however there is another concern identified they are not discharged they will be treated but not on the cancer pathway.</p>	
<p>8. Objective 4- Improving and standardising high quality care across the whole service</p> <ul style="list-style-type: none"> a) Standards in delivering quality Head and Neck Cancer care <p>SP presented the focus of Manchester Cancer and Trafford Commissioners have been given the opportunity to be a vanguard site with Christie being a lead provider. This is to enhance accountability in the system and the main process has been peer review however this was only minimum standards and not the best in comparison to Denmark. The first two years of the vanguard project is to pump prime design of services and re-writing the rule book.</p> <p>OG and Urology services have gone through this process and have developed their standards as James Leighton described at the last meeting. The draft standards have been shared with members with strictest confidence as these have yet to be approved; it has been shared for the purposed of this group to develop their own. MP described as a cancer patient although he was extremely pleased with the care he received the waiting times during his journey he not aware could be reduced and welcomed the opportunity to support the development of new quality standards.</p> <p>SP emphasised the need to put patients at the forefront of writing these</p>	

<p>standards without constraints of finance or focusing on status quo. All members are required to share their quality standards based on their discipline as well as their needs of the interdependent services to achieve world class.</p> <p>All standards to be email to SP the first draft to be shared in march meeting for further discussion and deliberation.</p>	
<p>9. Annual plan 15/16 Action log</p> <p>Progress update – Deferred to the next meeting</p>	
<p>9. A.O.B</p> <p>HN will be working as the PET CT Scan Education Programme Manager for the School of Oncology from the 1st of March a new Pathway Manager will be recruited to support the pathway work.</p>	
<p>10. Date of the next meeting</p> <p>10th March – 2-4pm Peter Mount Room, CMFT</p> <p>16th June - 2-4pm Peter Mount Room, CMFT</p> <p>21st September – 2-4pm meeting room 6, Christie Trust HQ</p> <p>23rd November 2-4pm meeting room 6, Christie Trust HQ</p>	