

Head and Neck Pathway Board
18th November
Minutes of Meeting

Meeting Room 6, The Christie

Time: 2-4pm

Attendance	Representation
Miss Susi Penney	Consultant ENT Surgeon, Tameside FT, Pathway Director
Kate Garcez (KG)	Oncologist, Christie FT
Jonathan Hobson (JH)	ENT Consultant, UHSM
Mazhar Iqbal (MI)	Maxillo Facial Surgeon, UHSM
Maria Round (MR)	Macmillan Head & Neck CNS, PAT
Kate Hindley (KH)	CNS, SRFT
Miss L. Ramamurthy (LR)	Thyroid Surgeon, Stockport FT
Chetan Katre	Consultant, PAT
Katie Hindley	CNS, SRFT
Frances Ascott	SLT, CMFT
Kerenza Graves	CNS, Bolton FT
Debbie Elliott	CNS, Bolton FT
Helen Rust	SLT, Christie FT
Philip Bryce	CNS, CMFT
Hannah Kulbacci	WWL
Suzie Bonington	Consultant Radiologist, Christie FT
Rohit Kumar	UHSM
Catherine Cameron	Head and Neck CNS, WWL
Rachel Hall	Pennine
Apologies	
Mr Manu Patel	Consultant Oral Maxillo Facial Surgeon, ECFT
Kathleen Mias	Head and Neck Nurse Clinician, Christie
Mr V Pothula	Consultant Head and neck surgeon, WWL
David Makin	Patient representative

Agenda Item	Action
<p>1. Apologies</p> <p>Ms Penney (SP), Pathway director, welcomed all to the meeting and the tabled apologies were noted. She also outlined the purpose of the board and how supporting organisations could contribute to the success of the agenda. She welcomed the members contributions and encouraged their full participation on the agenda of the board.</p>	
<p>2. Minutes from the last meeting</p> <p>The minutes of the meeting held on March 23rd 2015 were accepted as an accurate record of the meeting.</p>	
<p>3. Matters Arising</p> <p>a) <u>Lead names on Terms of Reference</u></p> <p>Rachel Hall (PAT) is now the pathology lead replacing Gillian Hall Research lead still needs to be identified Dietician currently on the board is on maternity leave and so SP will approach a colleague at CMFT to fill this vacancy. Discussion on palliative care representation and felt that this would be better through the Palliative care pathway board.</p> <p>b) <u>Introduction and expectations/roles and responsibilities Board membership and attendance</u></p> <p>The briefing note from Manchester Cancer, on board responsibilities was noted by the board</p>	
<p>4. Objective 1- Improving outcomes/survival rates</p> <p>a) <u>NICE guidance 2 week wait referral</u></p> <p>The draft referral form was reviewed by the board, which was outlined by the SCN. SP raised some concerns with the form and the proposed changes to the referral process.</p> <p>The board felt that this new form was a backward step from the referral forms currently being used. It was felt that there was a greater need to educate the referring clinicians. SP agreed to reply on behalf of the board to the SCN accordingly.</p> <p>The board also asked that the forms and feedback was circulated to the GDPs as well for their input.</p>	<p>Action – SP to circulate the draft form to referring GDP for their opinion and information Action – SP to respond to the SCN on behalf of the board</p>
<p>5. Objective 2- Improve Patient Experience</p> <p>a) <u>Introduction to Recovery package</u></p> <p>JL and SP provided an update to the board on the deployment of the recovery</p>	<p>Action – HN to forward the questionnaire to</p>

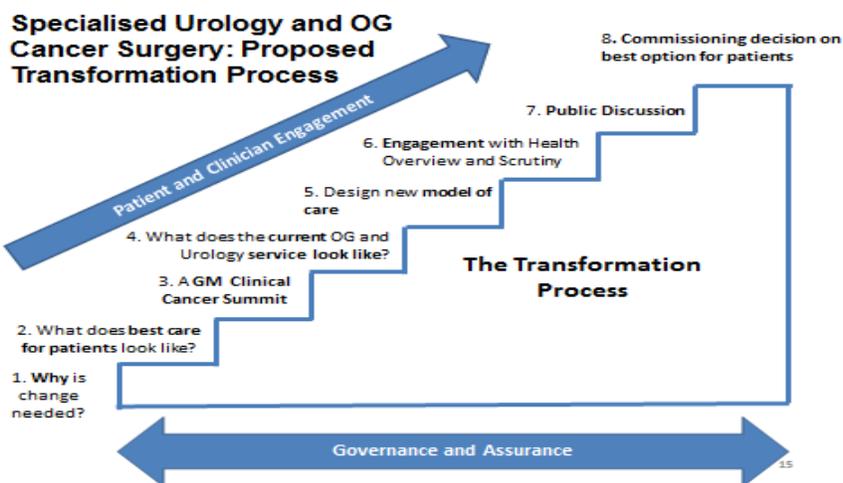
<p>package. JL also confirmed to the board that the assessment questionnaire will be distributed shortly to estimate the current state.</p> <p>b) <u>Manchester Cancer User Involvement Team</u> Jonathan Turnbull-Ross (JT) from Manchester Cancer user involvement team (UIT), provided an update on the work of the UIT. He outlined the work undertaken so far and what is planned for the future as well as the impact for the H&N pathway board. The board agreed that patient involvement was necessary and needed to be built upon; to support this several board members offered to connect JT with existing patient groups in their locality.</p> <p>c) <u>Innovation project updates</u> Phillip Bryce (PB) provided the board with an update on the LWBC project. He outlined the purpose of the project and the plan for implementation. He confirmed that the first educational event was held in September and had 43 attendees. Over 80% of those attending reported the event as being very helpful and all reported having greater confidence in managing their care or in supporting the care of someone else. PB confirmed that the next event is scheduled for the 20th November with two more planned in the future. The board then had a wide ranging discussion on the effectiveness of the meeting and how it can be better supported by clinical colleagues. Helen Rust (HR) also provided an update on SALT support during radiotherapy treatment and asked for the on-going support from the board and H&N teams across the conurbation to support these patients. She confirmed the project will start in February and will run for 6 months. The board agreed to provide the necessary level of support.</p>	<p>board members for completion</p> <p>Action- JT to contact identified board members on potential patient representation</p>
<p>6. Objective 3- Research and clinical innovation</p> <p>a) <u>Clinical Trials report – Annual report to be published in mid May 2015</u> In the absence of a research lead this item was deferred until the next meeting.</p> <p>b) <u>Clinical Trials report – quarter 1</u> In the absence of a research lead this item was deferred until the next meeting.</p>	
<p>7. Objective 4- Improving and standardising high quality care across the whole service</p> <p>a) Manchester Devolution b) Vanguard system leadership for Cancer Care c) Standards in delivering quality Head and Neck Cancer care</p>	<p>Action – All Board members to consult with colleagues and draft quality standards for H&N Action – JL to</p>

d) Cancer strategy

The agenda items were taken as one discussion by the board. James Leighton (JL) outlined to the board his experiences of working on the OG and urology service transformation projects. He put this work into the context of Manchester Devolution, The changes to specialised commissioning and the successful bid to establish the Cancer Vanguard in Greater Manchester.

JL then went onto explain the work that had taken place so far in developing the quality standards that will be used to create the services in the future. He stressed that within OG and Urology that achieving IOG compliance was not the ambition and that developing world class services would be the ideal.

He also explained that the process was built on developing a single OG and Urology service for the conurbation and that at this point in the process there was no discussion on what that model of care would be or who would provide the services. He advised that in transforming H&N that it was unlikely that commissioners would deviate from these principles.



There followed a wide ranging discussion on service transformation within H&N by the board. The board agreed to develop outline quality standards, in collaboration with colleagues, for the next board meeting. JL agreed to circulate the quality standards from OG and Urology, when appropriate, to support this work.

circulate the OG and Urology standards to the board

8. Annual plan 15/16 Action log

This item was deferred until the next meeting.

9. A.O.B

None identified

10. Date of the next meeting

13th January – 2-4pm Humphrey booth Lecture theatre 2, Mayo building SRFT

10th March – 2-4pm Peter Mount Room, CMFT

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