

Greater Manchester **Cancer**

Gynaecology Pathway Board

**Date of Meeting** 9<sup>th</sup> November 2016  
**Time of meeting** 14.00hrs – 16.00hrs  
**Venue** Seminar room C, 5<sup>th</sup> Floor St Marys, CMFT NHS Foundation Trust

Attendance	Representation
Dr Barraclough (Chair)	Christie
Ann Lowry	Central
Sabina Fornacon-Wood	South Manchester
Julie Dale	Pennine
Mr Jim Wolfe	SRFT
Maria Kik	Bolton
Mr S Burns	UHSM
Mr Raha Latheef	WWL
Robina Malik	Patient representative
Karen Johnson	Christie
Julie Holland	Patient representative
Miss Eva Myriokefalitaki	Christie
Dr Richard Hale	Stockport
Apologies	
Venessa Hilton-Watts	East Cheshire
Dr Mike Smith	Christie
Dr Ann Mills	Bolton
Mr Vincent Hall	Macclesfield
Miss Catherine Holland	Central Manchester
Dr Andrew Clamp	Christie
Mr Suku George	Stockport
Mr Brett Winter-Roach	Christie
Mr Kyle Gilmour	Tameside
Dr Carolyn Walker	GP representative - HMR CCG
Mr Rick Clayton	Central
Mr S Ali	Pennine
Mr Richard Slade	Christie
Julie Kiernan	South Manchester
Dr Susan Davidson	Christie
Ms Jo Dzyra	Stockport
Karen Blackwood	WWL
Mrs Sally Petith	Mid- Cheshire
In attendance	
David Shackley	Greater Manchester Cancer
James Leighton	Greater Manchester Cancer

## 1. Welcome and introductions


### Welcome, introductions and apologies

LB welcome all to the meeting and noted the apologies received.

#### i) Minutes of last meeting

The minutes of the last meeting were reviewed and approved. The only matter arising not already on the agenda was the pathway guidelines. LB noted that there had been some amendments proposed too late to be put to the board. As a consequence these will be put on the agenda of the next board meeting.

## 2. Cancer Governance in Greater

Discussion summary	<p>Mr Dave Shackley (DS) presented to the board on the recent changes to cancer governance in GM. He outlined why the changes had occurred and what the benefits to the patients and clinical teams would be. The board then had a discussion on his presentation and how the board may respond to the new structure.</p> <p>DS' presentation is within the embedded document.</p> <div style="text-align: center;">               DS slides_gynae              board slides 4 10 201         </div>
Conclusion	<p>The board thanked DS for attending and noted the messages contained within his presentation. The board agreed to await the first draft of the GM cancer plan. However in preparation for this, proposed that work would begin on revising the membership to better reflect the work that may be required on prevention and early detection domains of the plan. Specific thoughts discussed included ensuring one stop clinics across the whole of the region as this service is variable, work on prevention, one point of data collection for all gynae patients across the region eg via SMDT, develop innovative education tools for health care professional and service users.</p>
Actions & responsibility	<p><b>LB and GMC to review the board membership and structure in response to the changes in cancer governance.</b></p>

## 3. Macmillan LWBC innovation project - project close report

Discussion summary	<p>Karen Johnson (KJ) presented to the board on the work undertaken on the LWBC innovation project. She confirmed that it had now closed and had successfully been completed as planned.</p> <p>The board thanked KJ and her colleagues for all of their efforts and then had a discussion on how the learning tool could be made available and sustained in the future.</p>
Conclusion	<p>Funding for IT for 4 hours/week continues until March 2017. Changes can be made until then. This is an excellent platform for future online educational tool development.</p>
Actions & responsibility	<p><b>Ideas to KJ. No further actions</b></p>

#### 4. “I want great care” briefing

Discussion summary	<p>JL spoke to the tabled document on the patient experience survey tool ““I want great care”. He explained that this was being developed as part of the Vanguard programme and would allow for system wide gathering of patient experience data which could be reported in real time.</p> <p>He confirmed that it would allow reporting at a team and clinician level and suggested that the board should wait for this tool before planning any more patient experience surveys.</p>
Conclusion	The board were on the whole supportive of the principal however felt that there was not enough detail on the tool to allow a decision to be made at this meeting. They resolved to invite the project lead to the next meeting of the board to help inform their discussion.
Actions & responsibility	<b>JL to invite the GMC Vanguard project lead to the next meeting of the board.</b>

#### 5. Study day – Proposal from CNS group

Discussion summary	JL, MK and KJ informed the board on a proposed study day in 2017. The initial topic was to be endometrial cancer, however there was now a planned study day on this already organised at the Christie. Therefore the CNS group proposed that a study day should be organised on LWBC and targeted at both primary care and secondary care staff.
Conclusion	The board supported this broad proposal in principle and asked that a proposal is worked up for review at the next meeting of the board.
Actions & responsibility	<b>JL to liaise with the CNS group and present a paper on the proposed study day at the next meeting of the board.</b>

#### 6. Follow-up project update

Discussion summary	LB outlined the work of the project team since the last meeting as well as the work still to be done.
Conclusion	The board noted the content of the report and asked that the team continue with their work.
Actions & responsibility	<b>LB to continue with the project as planned and report back to the board accordingly.</b>

#### 7. Governance through SMDT

Discussion summary	LB raised the issue of governance of cases discussed at SMDT and its structure in GM. The board had a wide ranging discussion regarding this, recognising the risks and issues associated with it in the current structure as well as proposed solutions and revised structures.
Conclusion	The board felt that this item needs to be addressed but noted that the attendance at the meeting was not representative enough of both SMDTs to progress it. The board asked that this item is therefore tabled for discussion at the next meeting.
Actions & responsibility	<b>JL to table this item at the next meeting of the board.</b>

**8. Any other business**

Discussion summary	There were no other items of business
Conclusion	
Actions & responsibility	There were no actions.

**9. Date and time of next meeting**

**January 20<sup>th</sup> 2017 14.00hrs – 16.00hrs venue to be confirmed**

**Please note the future meeting dates for 2017-**

March	3 <sup>rd</sup> 2017	14.00 – 16.00hrs	CMFT
May	6 <sup>th</sup> 2017	14.00 – 16.00hrs	Christie
July	7 <sup>th</sup> 2017	14.00 – 16.00hrs	CMFT
Sept	1 <sup>st</sup> 2017	14.00 – 16.00hrs	Christie
Nov	3 <sup>rd</sup> 2017	14.00 – 16.00hrs	CMFT