

Gynaecology Pathway Board Minutes of Meeting of meeting on 4th September 2015

St Mary's Hospital,
Central Manchester NHS Foundation Trust,
Level 5, Seminar room A&B
Time: 2-4pm

Attendance	Representation
Dr Barraclough (Chair)	Christie
Miss Catherine Holland	Central Manchester
Julie Dale	Pennine
Dr Andrew Clamp	Christie
Dr Ann Mills	Bolton
Dr Richard Hale	Stockport
Karen Johnson	Christie
Mr Vincent Hall	Macclesfield
Apologies	
Mr S Burns	WWL
Mr Kyle Gilmour	Tameside
Ann Lowry	Central
Sabina Fornacon-Wood	South Manchester
Dr Susan Davidson	Christie
Dr Mike Smith	Christie
Julie Kiernan	South Manchester
Mr Richard Slade	Christie
Mr S Ali	Pennine
Mr Murray Luckas	Leighton
Amanda Lowe	Tameside
Mr K A Abidogun	Bolton
Mr Brett Winter-Roach	Christie
Mrs Sally Petith	Mid- Cheshire
Karen Blackwood	WWL
Ms Jo Dzyra	Stockport
Mr Rick Clayton	Central

In attendance

Mrs James Leighton Manchester Cancer
Mrs Michelle Leach Manchester Cancer User involvement team

Agenda Item	Action
<p>1. <u>Apologies</u> All apologies were noted. The board also noted the attendance rates of board members over the past 12 months. LB agreed to write to all board members to remind them of their responsibility to attend as a representative of their organisation.</p>	<p>LB to write to board members.</p>
<p>2. <u>Minutes from the last meeting</u> These were confirmed as an accurate record of the previous meeting.</p>	
<p>3. <u>Matters arising not on the agenda</u> There were no matters arising.</p>	
<p>4. Improving outcomes, with a focus on survival</p> <p>4.1 <u>Guideline and pathway review</u> LB discussed the tabled pathway documents. She explained that these were intended to standardise the pathway and timings for all providers. The board had a wide ranging discussion on the content and how they might be used. Mr Hall (VH) argued that on the ovarian pathway the patient should have had an ultrasound prior to referral. This led to a discussion on how referrals are received from primary care, in terms of quality of reports and availability of imaging reports. This also included an exchange on how 2WW requests are stepped down. JL agreed to discuss with commissioners the preferable mechanism for informing GPs that patients had been stepped down. LB agreed to take the pathways document to the surgical business meeting for agreement. Ms Holland (CH) informed the group that she had now reformatted these and agreed to send these to JL for distribution to the group.</p> <p>4.2 <u>Pathology guidelines</u> Dr Hale (RH) spoke to the tabled guidelines and outline the process undertaken that led to their development. The board had a wide ranging discussion on the guidelines and asked the members to discuss within their units before formal adoption at the November meeting.</p> <p>4.3 <u>Laparoscopic surgery audit</u> JL explained that the Manchester Cancer commissioning board had asked for a comparative audit, previously provided by CMFT, to be replicated at the Christie. He outlined that this request had been forwarded to the surgical lead at the Christie and was waiting for a reply. CH confirmed that the audit was one of the national clinical lines of enquiry and necessary for peer review. JL was asked to check that the audit was to be undertaken.</p> <p>4.4 <u>Primary/secondary prevention</u> LB updated the board on the on-going work taking place with Public Health England and the SCN. She confirmed that she has attended a meeting with school nursing in</p>	<p>Board members to review the pathways with colleagues</p> <p>JL to discuss how GPs are stepped down with commissioners</p> <p>LB to discuss at surgical business meeting</p> <p>CH to send reformatted pathway to JL</p> <p>Board members to review the guidelines with colleagues</p> <p>JL to Check with Mr Smith that the audit is planned at the Christie</p>

<p>June and feedback on this meeting.</p> <p>4.5 <u>Endometrial awareness programme</u></p> <p>The board noted the tabled flier that was being used during endometrial cancer awareness week. JL confirmed that Anne Lowry was the author of the document and that it was being sent to GPs via the SCN and was uploaded to the Manchester Cancer website.</p> <p>The board then had a discussion on the referral process for post-menopausal women with bleeding, which should only be referred in if they are over 55 years of age. CH argued that this seemed to be an arbitrary cut off point given the number of women seen who are under 55 years.</p> <p>This led onto a discussion on providing a pilot on the provision of a pilot of Gynae pre-referral clinic within primary care. There was broad support for the concept and LB agreed to explore this idea further with surgical colleagues. JL advised the group on the innovation fund available to support such initiative and agreed to send further details out to the group.</p>	<p>JB to discuss a pilot of Gynae pre-referral clinic within primary care</p> <p>JL to send out details of the innovation fund</p>
<p>5. Improving patient experience</p> <p>5.1 <u>Local patient survey update</u></p> <p>This was deferred until the next meeting.</p> <p>5.2 <u>User involvement team update</u></p> <p>Michelle Leach provided an update on the work of the user involvement team and how they will support the work of the board.</p>	
<p>6. Increasing research and innovative practice</p> <p>6.1 <u>Report form Q1 clinical trial recruitment</u></p> <p>Dr Clamp spoke to the meeting on the table report on NIHR recruitment to the national portfolio. LB reported that the SMDT was now better supported by the research nurses.</p> <p>6.2 <u>Report on the research meeting</u></p> <p>JL provided a report on the feedback from the attendees to the research meeting held in May. He informed the group that the feedback was on the whole very positive. The board then asked that such a meeting was repeated in 2016 with an emphasis on education and research. JL agreed to identify a possible venue and date for the next meeting.</p> <p>6.3 <u>Report on the Pelvic cancers meeting</u></p> <p>Karen Johnson (KJ) provided a report on the feedback from the meeting held in June as funded by the innovation fund. She informed the meeting that the next part of the project would be to develop the e-learning aspect. This will commence in September.</p> <p>It is intended that health care professionals would have access to the resource on-line and use it at their convenience. The board thanked KJ for her work and looked</p>	<p>JL to identify an venue and date and report back to the next meeting</p>

<p>forward to having the resource available.</p>																			
<p>7. Improving service delivery 7.1 <u>Update on single service project</u></p> <p style="padding-left: 40px;">i. The board noted the notes from the surgical business meeting</p> <p>7.2 <u>Endometrial follow-up policy</u></p> <p>LB asked the group about their views on endometrial cancer follow-up and if this could be risk stratified to improve the provision. Following discussion the board felt there was merit in pursuing this and asked for a paper to be tabled at the next meeting for discussion.</p>	<p>LB to table a discussion document at the Nov meeting</p>																		
<p>8. Any other business 8.1 <u>Meeting dates for 2016</u></p> <p>JL outlined the proposed meeting dates for 2016. It explained that the schedule would repeat this year in being the 1st Friday of every odd numbered month. It was agreed to alternate between the two sites. VH asked that we review the July meeting because of the number of members on leave.</p> <p>8.2 <u>Jo’s Trust Cervical cancer meeting</u></p> <p>The board noted the meeting notice tabled with the meeting papers.</p> <p>8.3 <u>CNS Group</u></p> <p>KJ outlined to the meeting the current position of the Gynae CNS group. She explained that the group were struggling to meet, instead of meeting bi-monthly they are now meeting 4 times per year. She also explained that there was no defined chair and attendance had dwindled. Also that there had been discussions about splitting the group into a sector based meeting.</p> <p>The board expressed the view that this group was a very valuable group to meet and supported the work of the services by standardised protocols and the production of patient information resources. The board also felt that it would not be appropriate to base the group on a sector as this was counter to what the service was currently attempting to achieve.</p> <p>LB offered to meet with the group to emphasise the importance of the meeting and explore how the group might be better supported. KJ agreed to discuss this with the CNS’s when they next meet.</p>	<p>KJ to feedback form CNS group meeting</p>																		
<p>9. Date and time of the next meeting <u>6th November 14.00Hrs to be held at the Christie</u></p> <p>Please note – Dates of Meeting in 2016</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">8th January 2016</td> <td style="width: 33%;">14.00hrs</td> <td style="width: 33%;">CMFT</td> </tr> <tr> <td>4th March 2016</td> <td>14.00hrs</td> <td>Christie</td> </tr> <tr> <td>6th May 2016</td> <td>14.00hrs</td> <td>CMFT</td> </tr> <tr> <td>1 July 2016</td> <td>14.00hrs</td> <td>Christie</td> </tr> <tr> <td>2nd September 2016</td> <td>14.00hrs</td> <td>CMFT</td> </tr> <tr> <td>4th November 2016</td> <td>14.00hrs</td> <td>Christie</td> </tr> </table>	8 th January 2016	14.00hrs	CMFT	4 th March 2016	14.00hrs	Christie	6 th May 2016	14.00hrs	CMFT	1 July 2016	14.00hrs	Christie	2 nd September 2016	14.00hrs	CMFT	4 th November 2016	14.00hrs	Christie	
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