Manchester Cancer

Gynaecology Cancer Pathway Board

Annual Report 2015/16

Pathway Clinical Director: Dr Lisa Barraclough
Pathway Manager: James Leighton

Version 2.0

Executive summary

The Gynaecology pathway board is now a well-established and a highly functioning board. It continues to enjoy a representation from all stakeholder organisations and has over the course of this year benefitted from having patient or primary care representation.

Over the last 12 months the board has been responsive, positive and constructive and will look to continue to build on these behaviours over the next 12 months.

However a number of challenges for the board remain. The most significant one is that it continues to meet during a period of transformative reconfiguration of the central surgical service. This has been an ever present issue since the board was first constituted.

Whilst the board has not allowed this to distract them from their work, the board feels that they could achieve much more if the service was unified and supportively governed.

As the service transformation continues to a resolution and set within the developing Devolution Manchester governance structure, the board feel that they are well placed to support the commissioners as an effective clinical body and look forward to undertaking this role in any way they can.

Over the last 12 months the board has largely focussed on standardising the provision of Gynaecology oncology care across the conurbation. This year it has successfully –

- Ran a study event on current issues in cervical cancer management
- Completed a living with and beyond cancer project supported by the Innovation Fund from Macmillan and Manchester Cancer
- Updated the pathology guidelines
- Recruited 2 people affected by cancer to the board
- Recruited 1 GP to the board
- Used the CWP to pilot outcome assessment from The Christie SMDT
- Reviewed the two SMDTs at operational level
- Worked with the 2WW directive to standardise referrals from primary to secondary care across the region
- Supported the regional gynae CNS group
- Provided continued support for and updates on research across the region
- Supported the process of updating the surgical patient information which is uniform across the region
- Supported the process of trying to provide a single surgical service across two sites

The board are proud of this output, as explained previously it was undertaken during a period of uncertainty for all stakeholder organisations.

Looking forward to the next 12 months the focus of the board will be on supporting the new service by acting as a representative expert panel and an effective clinical body for all the patients of Greater Manchester and East Cheshire.

They feel that the work undertaken so far in supporting the service has complemented this aim but feel that they now need to develop a number of service standards that could be used to define any future commissioned service.

The board intends to agree the outcome measures or outputs that will be used to assess and monitor the service effectiveness along the whole pathway. This is a multi-organisation project and particularly challenging as the available data is not easily accessible.

The board will also in the next 12 months undertake a patient experience survey in the absence of the national cancer patient experience survey. This will be done in collaboration with the relevant stakeholder Trusts and if necessary established patient support groups.

One of the main objectives for this coming year will to undertake a review of all follow- care and use this review to standardise and deliver the most suitable care to patients during this phase of their disease.

It intends to continue to support the agenda of the detection, prevention and awareness cross cutting group in whatever way it can. The board sees this as a key function and one that it looks forward to undertaking.

In summary, in the coming year the board has identified five key objectives, these are –

- Set service standards that will help define the future commissioned service
- Provide direct support to the HPV vaccination programme
- Standardise follow-up care, via the most appropriate delivery method to the patient
- Increase engagement with primary care to improve early detection and LWBC
- Review SMDT structure and standardise across both SMDTs

The following aims will inform the above key objectives:-

- Explore opportunities to liaise with charities in order to support patients and carers
- Provide the required level of support to the commissioning process to ensure an effective and IOG compliant service is established
- Agree the key clinical outcomes and outputs that will begin to better assess service effectiveness
- Complete the review of the Gynaecology surgical cancer guidelines
- Devise a single patient satisfaction questionnaire to be used across the region

The work of the board will not be limited to just these objectives. As the year unfolds new challenges and opportunities will be identified. The board feel that as a high quality, dedicated, functioning group they are adaptable and capable of accepting and addressing all possibilities to deliver the objectives of Manchester Cancer.

As part of this it is also planning to support patients and carers better in living with and beyond their disease by getting a deeper understanding of the non-surgical elements of the

pathway and designing appropriate supportive measures. It will also support the agenda of the detection, prevention and awareness cross cutting group.

The board sees this as a key function and one that it looks forward to undertaking.

The board are rightly proud of their achievements over the past twelve months and thank everyone who played a part in this success for their support and commitment.

1. Introduction – the Pathway Board and its vision

This is the annual report of the Manchester Cancer Gynaecology Pathway Board for 2014/15. This annual report is designed to:

- Provide a summary of the work programme, outcomes and progress of the Board – alongside the minutes of its meetings, its action plan and it scorecard it is the key document for the Board.
- Provide an overview to the hospital trust CEOs and other interested parties about the current situation across Manchester Cancer in this particular cancer area
- Meet the requirements of the National Cancer Peer Review Programme
- Be openly published on the external facing website.

This annual report outlines how the Pathway Board has contributed in 2015/16 to the achievement of Manchester Cancer's four overarching objectives:

- Improving outcomes, with a focus on survival
- Improving patient experience
- Increasing research and clinical innovation
- Delivering compliant and high quality services

1.1. Vision

The vision of the board is in the first instance to support the successful development of a single surgical gynaecological service for Greater Manchester and East Cheshire, to take this service beyond just achieving IOG compliance. It will do this by supporting the commissioning process and clinical teams in any way it can.

Secondly it will also look to standardise the cancer pathways to ensure that all patients have the same route through to treatment.

The board feels that there is a lack of robust data to inform them on their patient population and their outcomes. Over the next 12 months the board will continue to work with the relevant stakeholders to identify and measure the appropriate and meaningful outcome measures.

The board also accepts the challenge of early detection and prevention of the disease. It also sees itself as the body to exploit innovation, provide quality assurance of the pathway and be responsible for enhancing the experience of those living with and beyond their cancer.

The board will deepen its knowledge base and understanding of the whole pathway and put in place actions were the patient outcomes, survival rates and experience can be improved and enhanced.

The pathway board intends to ensure that the Gynaecology cancer service:

- Is in line with all national guidance/standards

- Is compliant with the IOG standards.
- Considers the whole care pathway for patients, both surgical and non-surgical.
- Promotes high quality care and reduces inequalities in access and service delivery.
- Takes account of and acts on the views of patients and carers.
- Exploits any opportunity for service and workforce redesign and innovation.

1.2. Membership

Trust	Nominee	Profession/ specialty
	Lisa Barraclough	**CHAIR**
Patient Representative	Julie Holland	
	Robina Malik	
GP representative	Dr Carolyn Walker	GP, Heywood, Middleton & Rochdale CCG
Bolton	Mr Kehinde Abidogun	Consultant Gynaecological Surgeon
	Dr Ann Mills	Consultant Radiologist
Christie	Dr Susan Davidson	Consultant Clinical Oncology
	Dr Andrew Clamp	Honorary consultant Medical Oncology
	Miss Eva Myriokefalitaki	Consultant Gynaecological Surgeon
	Dr Mike Smith	Consultant Gynaecological Surgeon
	Karen Johnson Julie Kiernan	Nurse clinician Gynaecology Nurse Specialist
CMFT	Miss Catherine Holland	Consultant Gynaecological Surgeon
	Ann Lowry	Gynae Macmillan CNS
	Mr Rick Clayton	Consultant Gynaecological Surgeon
East Cheshire	Mrs Venesa Hilton-Watts	Clinical Nurse Specialist
	Mr Vincent Hall	Consultant Obstetrician & Consultant Gynaecological Surgeon
Pennine	Julie Dale	Macmillan CNS
	Ms Birgit Schaefer	Consultant Gynaecological Surgeon
SRFT	Mr Jim Wolfe	Consultant Gynaecological Surgeon
	Jackie Chan	Gynae CNS
Mid Cheshire	Mrs Sally Petith	Gynae Oncology CNS
	Mr Murray Luckas	Consultant Gynaecological Surgeon
Stockport	Jo Dzyra	Gynae CNS
	Dr Suku George	Consultant Gynaecological Surgeon
	Dr Richard Hale	Consultant Pathologist
Tameside	Amanda Lowe	Gynaecology Cancer Nurse
	Mr Kyle Gilmour	Consultant Gynaecological Surgeon
UHSM	Sabine Fornacon-Wood	Gynaecology Cancer Nurse Specialist
	Mr Sean Burns	Consultant Gynaecological Surgeon
WWL	Karen Blackwood	Gynaecology Cancer Nurse Specialist
	Mr Raha Latheef	Consultant Gynaecological Surgeon

As of the Board meeting held on 1st July

1.3. Meetings

Since the last annual report the pathway board had set three times in 2015 and has three times in 2016. The board have scheduled two subsequent meetings in 2016. Below are the dates of the pathway board meetings and the links to the board minutes.

3rd July 2015 – Meeting cancelled

4th September 2015 https://manchestercancer.files.wordpress.com/2014/09/gynae-minutes-04-09-151.pdf

4th December 2015 https://manchestercancer.files.wordpress.com/2014/09/gynae-pathway-minutes-04-12-15.pdf

4th March 2016 https://manchestercancer.files.wordpress.com/2014/09/minutes-gynae-pathway-board-04-03-16v2.pdf

6th May 2016 https://manchestercancer.files.wordpress.com/2014/09/minutes-gynae-pathway-board-06-05-15v1.pdf

1st July 2016 Minutes to be ratified at the September board meeting

Service user involvement

Macmillan, in partnership with Manchester Cancer have funded a team to facilitate a User Involvement Programme of work that will establish a structure and platform for people affected by cancer to influence and steer the design of cancer services locally. The Gynaecology Cancer Pathway Board is now supported by a Macmillan User Involvement Manager who came into post in May 2015 and has been working to support the current Service User Representatives (SURs) on the Board.

Key objectives of the User Involvement team working across Manchester Cancer up to March 2017:

- To ensure at least one SUR on each Pathway Board representing the wider community and where there is already one, to recruit another.
- For each SUR to be fully involved and recognized as a substantive member of the board.
- To recruit patients and carers to form a wider community of people affected by cancer involved at different levels through coproducing a menu of opportunities.
- To develop a robust user involvement strategy for Greater Manchester & East Cheshire co-produced with SURs

Progress

Key developments with User Involvement within the Gynaecology Board are detailed below:

- Recruitment of 2 SURs to the Board
- The SURs have been fully inducted through the User Involvement Programme, to ensure they have an understanding of the Manchester Cancer Structure they are feeding into and the involvement opportunities available to them.
- The SURs are also linked in with the User Involvement Steering Group where issues relating to the Board can be taken to gain the views of wider people affected by cancer
- SUR representation and input into the SMDT providers meeting May 2016

Priorities

- Aligning SUR to be part of on-going projects
- Assessing the productivity and input of the SURs via a survey to the board members and further discussion with the pathway director and pathway manager moving forward

Attendance

Holding board meetings within working hours will always be a challenge for clinical staff. However overall attendance has been pretty consistent and where non-attendance has been an issue the Pathway director has addressed it on a personal level.

The record of the attendance at each meeting to-date is in appendix 1.

Educational meetings

Following a successful education event, held in June 2016, the board aims to hold another cancer site specific meeting next year. The cancer education strategy to be developed by Manchester Cancer will inform the structure of the meeting. Once this strategy has been agreed the board will make concrete plans and will support and contribute to all Gynaecological cancer education across the region.

2. Summary of delivery against 2015/16 plan

No	Objective	Alignment with Provider Board objectives	Status Green = achieved Amber = partially achieved Red = not achieved	Comment	Action
1	Optimise data collection to generate outcome data	Objectives no 1 and 4		Delivery has been delayed as the service transformation has not achieved	2016/17 plan
2	Review and where possible standardise the OP process	Objectives no 3 and 4		Review of current practice is complete, project about to start to standardise and optimise the follow-up process	2016/17 plan
3	Work with provider Trusts to co-ordinate a response to the “suspected cancer : recognition and referral” NICE guidelines	Objective no 1		Work completed	
4	Engage with primary care in education events and tools to improve early diagnosis	Objective no 1		Work complete – Cervical cancer educational meeting with GP speakers	
5	Improved uptake of HPV vaccination programme	Objective no 1		On-going work	2016/17 plan
6	Develop service standards that help to define the service	Objective no 1		Delivery has been delayed as the service transformation has not achieved	2016/17 plan

3. Improving outcomes, with a focus on survival

3.1. Information

Endometrial cancer is the fourth most common cancer in women in the UK and is the tenth most common cause of cancer death in women in the UK. In 2011 there were around 8500 new cases diagnosed and almost 75% of all new cases occur in women in the 40 -74 age bracket.

Survival rates are increasing with an almost 25% increase in survival rates in the last 40 years and almost 75% of women diagnosed are likely to survive for at least 10 years. (See appendix 4)

Ovarian cancer is the fifth most common cancer and the fourth most common cause of cancer death in women in the UK. Survival has improved however, around 6,500 cases are diagnosed each year and most of these patients are detected at a late stage. The majority of patients will respond to chemotherapy, but most will relapse, contributing to around 4,400 deaths annually.

Survival for ovarian cancer has improved over the last 40 years, but long-term rates are still low. For women diagnosed in England during 2009-13, the one-year and five-year age-standardised relative survival rates were 75.8% and 48.5%, respectively, compared to 42% and 21%, respectively, for women diagnosed in England and Wales during 1971-75.

Cancer	1-year survival	Cancer	5-year survival
Melanoma of skin	98.4	Melanoma of skin	92.8
Breast	96.4	Thyroid	88.7
Hodgkin lymphoma	93.1	Breast	86.7
Thyroid	91.5	Hodgkin lymphoma	85.2
Uterus	**90.6**	**Uterus**	**78.1**
Cervix	**84.4**	Non-Hodgkin lymphoma	70.3
Non-Hodgkin lymphoma	81.5	**Cervix**	**67.4**
Rectum	81.0	Kidney	60.8
Myeloma	78.1	Rectum	60.5
Kidney	76.2	Colorectum	58.2
Ovary	**75.8**	Colon	57.6
Colorectum	75.8	Leukaemia	49.4
Colon	74.0	Myeloma	49.0
Bladder	67.1	**Ovary**	**48.5**
Leukaemia	66.9	Bladder	47.9
Mesothelioma	51.4	Brain	21.1
Brain	45.7	Stomach	20.9
Oesophagus	44.0	Oesophagus	17.1
Stomach	43.5	Lung	15.0
Lung	38.9	Mesothelioma	11.7
Liver	32.3	Liver	10.6
Pancreas	22.0	Pancreas	5.6

Table 1 – Cancer survival in England – Adults diagnosed: 2009 to 2013, followed up to 2014
http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancersurvivalinenglandadultsdiagnosed/2009to2013followedupto2014 accessed 5th July 2016

Cervical cancer is the twelfth most common cancer in women with around 3100 new cases diagnosed in 2011. Over three-quarters of all new cases of cervical cancer cases are diagnosed in women aged 25-64. Cervical cancer is the most common cancer in females under 35 in the UK.

Cervical cancer incidence in Great Britain decreased by nearly half between the late 1980's until the early 2000s, but the last decade has seen an increase in rates in younger women.
Over two thirds of women (67.5%) with cervical cancer survive their disease for five years or more and death rates have decreased by 71% in the UK since the early 1970s.

Cervical cancer survival is higher in women diagnosed at a younger age. Women under 40 years of age have survival rates of almost 90%.

3.2. Progress

Clinical outcome assessment and review should be a fundamental part of clinical care delivered in gynaecology cancer in the Manchester region. To this end all new patients referred to The Christie SMDT have a web based form (CWP) generated and completed by the reviewing clinician.

Data regarding demographics, tumour detail, comorbidity and treatment plan are documented prospectively. The web forms are updated when the outcome changes in terms of response to treatment, progressive disease or death.

The data contained within the web based form is capable of being interrogated and analysed. Its first report on outcomes of patients referred with ovarian cancer can be found on *http://www.christie.nhs.uk/media/1579/clinicaloutcomesunitreport_ovariancancer_may2015.pdf*

The aim for the pathway board is to capture all patients referred for management of gynaecological cancer in the region and to complete outcome forms as they progress their care. The aim should be to capture these patients at source, as they are referred through the two SMDTs.

These forms will be populated sequentially and prospectively as each patient proceeds through their care pathway. All health care professionals involved in the patients' care will be able to record and input the outcome form as appropriate, when events occur.

3.3. Challenges

The CWP has now been successfully deployed into the Christie SMDT and has received universal acceptance. This work is being supported by another pilot programme in lung cancer, that has successfully tested the effectiveness of putting CWP into a networked SMDT away from the Christie.

The completion of this second pilot should inform the board on the effectiveness and potential of deploying the system into all of the gynaecology SMDTs. This will be in agreement and collaboration with the lead provider as the single service is established. Until these two issues are addressed it will be difficult to proceed with a common database of clinical outcomes.

Improving patient experience

3.4. Information –

The 2015 National Cancer Patient Experience Survey for Gynaecology cancer patients responding from Greater Manchester was published in July 2016. The gynaecology survey contained responses from Central Manchester and The Christie NHS Foundation Trusts only.

The report from the 2015 National Cancer Patient Experience Survey for Gynaecology cancer patients can be found in the embedded document below.

Gynae NCPES 2015.xlsx

A number of improvements had been made to the survey, from previous years. This means that caution needs to be applied when comparing this with previous surveys.

Due to the late publication of these findings the board has not had an opportunity to review this yet and will do at the next meeting of the board.

3.5. Progress

Due to the late publication of this report it is still to be reviewed by the pathway board. However the board still intend to undertake a regional gynaecology specific survey over the next 12 months.

Therefore the board are confident that the service will continue to draw feedback from their patients. This underlines the commitment of the board and services to improve the patient experience and collect local data as well.

3.6. Challenges

The board feel confident that patient feedback will continue to support service delivery. They feel that by the nature of being an essentially two centre surgical service and the experience of the MDT staff in undertaking such surveys that this challenge will continue to be met.

4. Increasing research and innovative practice

4.1. Information –

Over 2015/16 the number of gynaecology patients recruited into both interventional (n=114) and observational (245) trials was 359. When compared nationally this makes Greater Manchester the third largest clinical trial recruiting area, behind the eastern region and North-west London.

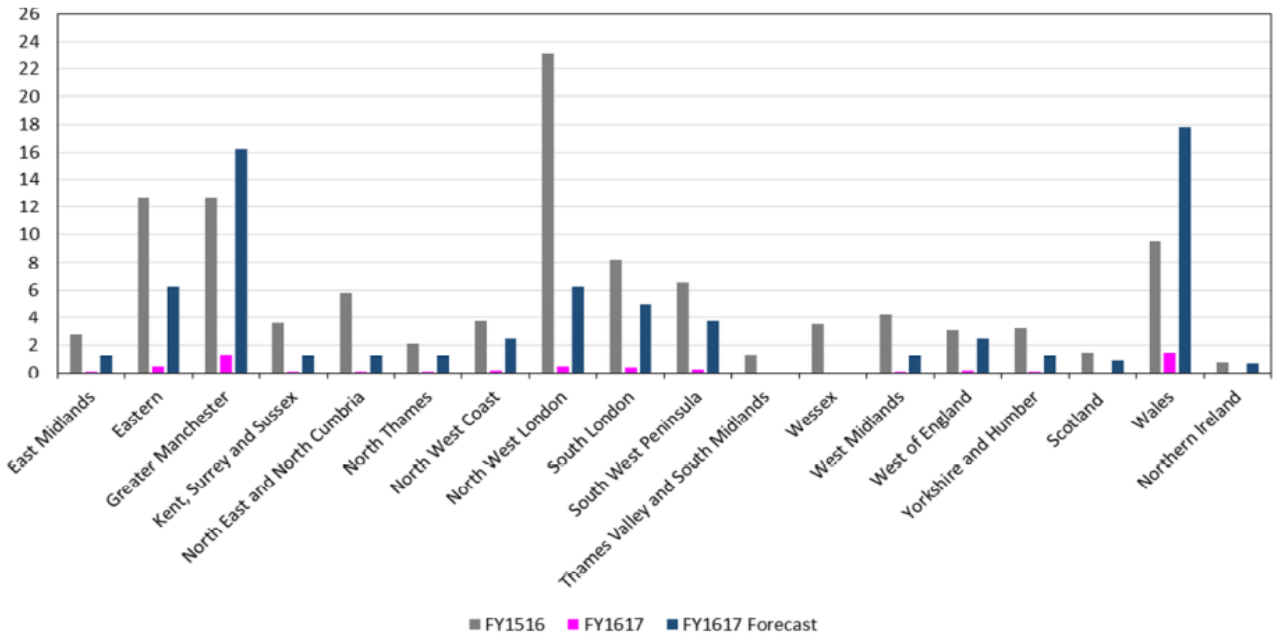

Table 2 Recruitment by LCRN and devolved nations/100,000 population 2015/16. Source NIHR portfolio – open data platform

The recruitment into trials by Trust over this period is below –

Design	Short Name	CMFT	East Lancs	Pennine Acute	Stockport	Tameside	The Christie	WWL	Grand Total
Interventional	ICON8 Trials Programme						7		7
	INTERLACE						2		2
	Metformin for endometrial cancer RCT	20		8		1	14	4	47
	METRO-BIBF						12		12
	MIRENA study	24							24
	NCRN - 2746 / ARIEL 3 - Rucaparib in platinum-sensitive high-grade gynaecological cancer						9		9
	NCRN - 2789 OCTAVE - ColoAd1 in platinum-resistant epithelial ovarian ca						2		2
	NCRN - 3244 - Masitinib + Gemcitabine VS Gemcitabine in Ovarian Cancer						4		4
	PARAGON						4		4
	PAZOFOS						1		1
	TRIOC: TroVaxr in Relapsed Ovarian Cancer						2		2
Interventional Total		**44**		**8**		**1**	**57**	**4**	**114**
Observational	BRIGHTLIGHT: The 2012 TYA Cancer Cohort Study		1						1
	BriTROC1 - Sample collection study in recurrent HGSOC	6					2		8
	DNA Methylation Study							2	2
	GROINSS-V II	8							8
	Proportion of Endometrial Tumours Associated Lynch Syndrome (PETALS)	189							189
	RAPPER		5	7	3		20		35
	SOCQER-2: Surgery in ovarian cancer	2							2
Observational Total		**205**	**6**	**7**	**3**		**22**	**2**	**245**
Grand Total		**249**	**6**	**15**	**3**	**1**	**79**	**6**	**359**

Table 3 – Recruitment activity 2015/16. Source NIHR portfolio – open data platform

The NIHR report for Gynaecology cancer trial recruitment in 2015/16 can be found in the embedded document below.

GYNAE _Trials report_Year-End Q4F

4.2. Progress

This is a standing item on all board agendas and the research lead, Dr Andrew Clamp, updates the board on progress and any issues that are raised.

4.3. Challenges

The two SMDTs are very active in clinical research at a local level and regularly present and publish research. Some studies require very challenging streamlining of patient pathways to meet tight study timelines, and the entire MDT functions cohesively to deliver this.

Recruitment relies not just on offering and conducting trials, but on having trials to offer. The MDTs and the board will do all they can to engage with Sponsors to ensure that all possible industry-sponsored and NCRN portfolio studies are available to the patients of Greater Manchester and East Cheshire and that all patients are considered for trial entry.

Delivering compliant and high quality services

4.4. Information

There are two gynaecology SMDTs in Greater Manchester and East Cheshire, Central Manchester Foundation Trust and the Christie Foundation Trust. The population has been geographically organised into the following organisational sectors.

Central Manchester NHS Foundation Trust covering the North-East Sector:
Pennine Acute Hospitals NHS Trust (Bury, North Manchester, Oldham, Rochdale)
Central Manchester University Hospitals NHS Foundation Trust
Tameside Acute NHS Foundation Trust

The Christie NHS Foundation Trust covering the North-West/South Sector:
Wrightington Wigan and Leigh NHS Trust
Royal Bolton Hospital NHS Foundation Trust
Salford Royal NHS Foundation Trust
East Cheshire NHS Trust
Mid Cheshire NHS Trust
Stockport Foundation NHS Trust
University Hospital of South Manchester NHS Foundation Trust
Christie Hospital NHS Foundation Trust

The named local diagnostic gynaecology teams carry out the diagnostic process for patients from their own catchment, referring patients to the specialist gynaecology cancer teams for specialist care.

Low risk endometrial cancer may be managed by individual surgeons from the diagnostic teams provided that they are named as a member of the diagnostic service, and they attend the specialist MDT as a core member.

The Christie Hospital is the Tertiary Referral Centre for treatment with Radiotherapy delivered at The Christie Hospital and the satellite radiotherapy units based at Royal Oldham Hospital and Salford Royal.

Chemotherapy and clinical trials for gynaecology are predominantly delivered at The Christie Hospital, although local chemotherapy is currently available at a number of local trusts across the area. Increased access to chemotherapy and clinical trials closer to home for gynaecology cancer patients will be an aim for the board, working in conjunction with the Systemic Anti-Cancer Therapy pathway board.

4.5. Progress

The two SMDTs are now well established and the referral pathways are assured. As outlined previously the Christie SMDT is using the Clinical Web Portal to manage electronic referrals and data management. This is now used by all referring Trusts into this SMDT to manage the output from the SMDT and subsequent treatment.

The work of the Board has been, and continues to be, disrupted by the constraints of working within a transforming organisational structure. As a consequence of this the goal of establishing a single gynaecology oncological surgical service has never been reached. The pathway board remains committed to supporting the commissioners and both SMDTs in achieving this goal.

The board will complete the surgical revision of all of the guidelines in the next few months. Until this point the previous GMCCN guidelines will remain in force. These guidelines have had updates from radiology, pathology, medical and clinical oncology. The guideline, pathway and supporting documents are now located on the Manchester Cancer website.

The board has delivered an annual learning and educational event throughout its lifetime and plans to do so again in 2017. However it is awaiting the cancer education strategy to be developed by Manchester Cancer. Once this strategy has been agreed the board will support and contribute to all Gynaecology cancer education as required.

4.6. Challenges

The biggest challenge will be to unify the service and have a single governance process for both SMDTs. Work on this remains on-going and will depend on the commitment and perseverance of the clinical staff.

The board remain optimistic that this challenge can be overcome and that the patients are managed within a world class and standardised clinical structure.

5. Objectives for 2016/17

The board have set 5 objectives for this year and these are –

1. Standardise and optimise the OP follow-up process
2. Organise and run a GP clinical training event
3. Develop service standards the help define the service
4. Achieve an improved uptake of HPV vaccination
5. Develop a restructured SMDT meeting

The work of the board will not be limited to just these objectives. As the year unfolds new challenges and opportunities will be identified. The board feel that as a high quality, dedicated, functioning group they are adaptable and capable of accepting and addressing all possibilities to deliver the objectives of Manchester Cancer.

Appendix 1 – Pathway Board meeting attendance

ATTENDANCE - PATHWAY BOARD MEETING

GYNAE

NAME	ROLE	TRUST	03/07/2015	04/09/2015	04/12/2015	04/03/2016	06/05/2016	01/07/2016
Lisa Barraclough	Chair			✓	✓	✓	✓	✓
Julie Holland						✓	✓	✓
Robina Malik					✓	Apologies	✓	✓
Dr Carolyn Walker	H,M &R CCG				Apologies	✓	✓	Apologies
Mr Kehinde Abidogun	Consultant	Bolton		Apologies	✓	✓	✓	✓
Dr Ann Mills	Consultant Radiologist			✓	Apologies	Apologies	✓	✓
Dr Susan Davidson	Clinical Oncology	Christie		Apologies	Apologies	Apologies	Apologies	Apologies
Dr Andrew Clamp	Consultant			✓	✓	✓	✓	✓
Mr Brett Winter-Roach	Consultant			Apologies	Apologies	✓	Apologies	Apologies
Mr Mike Smith	Consultant			Apologies	Apologies	✓	✓	Apologies
Ms Eva Myriokefaltaki	Consultant					✓	✓	✓
Karen Johnson	Nurse clinician			✓	✓	✓	✓	✓
Ms Cathrine Holland	Consultant	CMFT		✓	Apologies	Apologies	✓	Apologies
Prof Richard Edmondson	Consultant			Apologies	Apologies	✓	Apologies	Apologies
Rick Clayton	Consultant			Apologies	✓	✓		✓
Ann Lowry	Macmillan CNS			Apologies	Apologies	Apologies	✓	✓
Mr Vincent Hall	Consultant	East Cheshire		✓	Apologies	Apologies	✓	Apologies
Mrs Venessa Hilton-Watts	Clinical Nurse Specialist			Apologies	✓	Apologies	Apologies	✓
Ms Birgit Schaefer	Consultant	Pennine		Apologies	✓	Apologies	✓	Apologies
Julie Dale	Nurse clinician			✓	✓	✓	✓	✓
Mr Jim Wolfe	Consultant	SRFT		Apologies	✓	Apologies		✓
Mr Murray Luckas	Consultant Gynaecologist	Mid Cheshire		Apologies	Apologies	Apologies	Apologies	Apologies
Mrs Sally Petith	Gynae Oncology CNS			Apologies	Apologies	Apologies	Apologies	Apologies
Dr Suku George	Consultant gynaecologist	Stockport		Apologies	✓	Apologies	✓	Apologies
Ms Jo Dzyra	CNS			Apologies	Apologies	Apologies	Apologies	Apologies
Dr Richard Hale	Consultant Pathologist			✓	✓	Apologies	✓	✓
Mr Kyle Gilmour	Consultant Gynaecologist	Tameside		Apologies	Apologies	Apologies	Apologies	Apologies
Amanada Iowe	Gynaecology Cancer Nurse			Apologies	Apologies	Apologies	Apologies	Apologies
Karen Blackburn	Lead Manager Cancer Services	UHSM		Apologies	Apologies	Apologies	Apologies	Apologies
Sabina Frocan Wood	Nurse clinician			Apologies	✓	Apologies	✓	✓
Mr S Burns	Consultant Gynaecologist			Apologies	Apologies	Apologies	Apologies	✓
Karen Blackwood	Gynaecology Cancer Nurse Specialist	WWL		Apologies	Apologies	Apologies	Apologies	Apologies
Mr Raha Latheef	Consultant					Apologies	Apologies	✓

6. Appendix 2 – Pathway Board Annual Plan 2016/17

Gynaecology Pathway Board Annual Plan 2014-15

Pathway Clinical Director:	Dr Lisa Barraclough
Pathway Manager:	James Leighton
Date agreed by Pathway Board:	To be ratified at September 2016 board
Date agreed by Medical Director:	
Review date:	Dec 2016

Summary of objectives

No	Objective	Alignment with objectives
1	Review and standardise the follow-up processes	• Improved and standardised care • Living with and beyond cancer and supportive care
2	Engage with primary care in an education event to improve early diagnosis	• Faster and better diagnosis • Improved and standardised care
3	Develop service standards the help define the service	• Improved and standardised care • Living with and beyond cancer and supportive care • Research and education
4	Improved uptake of HPV vaccination programme	• Prevention, screening and early detection
5	Collaborate with both SMDTs to develop a restructured SMDT meeting	• Faster and better diagnosis • Improved and standardised care

Gynaecology annual plan 2016/17

Objective 1: Review and standardise the follow-up processes

Aim:	The pathway board will complete a project that will review and standardise the follow-up care received by our patients in Greater Manchester and East Cheshire
Driver(s) for the change:	By doing this work our patients will have an enhanced patient experience and safer care as any variation on aftercare between providers will be removed.
Domain:	Improved and standardised care Living with and beyond cancer and supportive care
Risks to success:	Resources and time to complete the project. Lack of engagement by providers
How will any risks be mitigated?	The board will collaborate with the LWBC work stream lead of the Vanguard programme and look to draw on their expertise and capacity.
Support required:	Leadership and executive level support Integration with the programme office

Outline Work programme		
Action	**Resp.**	**By (date)**

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Objective 2: Engage with primary care in an education event to improve early diagnosis

Aim:	The pathway board will organise and deliver a GP education event on gynaecology cancer, to help deliver a more effective and timely referral process
Driver(s) for the change:	Improve the understanding of Gynaecology cancer diagnosis and referral amongst primary care staff, GPs and GP trainees.
Domain:	Faster and better diagnosis Improved and standardised care
Risks to success:	Resources and time to organise the event Cost to be incurred Lack of engagement from primary care
How will any risks be mitigated?	Work with primary care to construct the event Commercial sponsorship
Support required:	

Outline Work programme		
Action	**Resp.**	**By (date)**

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Objective 3: Develop service standards the help define the service

Aim:	The pathway board will develop, agree and implement a set of service standards the help define the gynaecology oncological service
Driver(s) for the change:	By doing this work our patients will have an enhanced patient experience and safer care as the service will operate to an agreed standard across the whole pathway.
Domain:	**Improved and standardised care** **Living with and beyond cancer and supportive care** **Research and education**
Risks to success:	Resources and time to complete the project. Lack of engagement by providers
How will any risks be mitigated?	The board will collaborate with the work stream lead for the MUSIC project of the Vanguard programme and look to draw on their expertise and capacity.
Support required:	Leadership and executive level support Integration with the programme office

Outline Work programme		
Action	**Resp.**	**By (date)**

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Objective 4: Improved uptake of HPV vaccination programme

Aim:	The board will develop a social media campaign to increase the HPV vaccination uptake rate
Driver(s) for the change:	Vaccination with Human Papilloma Virus (HPV) has a predicted 63% reduction in development of invasive cancer however in recent years there has been a decrease in uptake amongst the target population.
Domain:	Prevention, screening and early detection
Risks to success:	Resources for campaign roll out. Will be mitigated by use of accessible social media channels
How will any risks be mitigated?	Will be mitigated by use of accessible social media channels
Support required:	Support at executive level for cross organisational working.

Outline Work programme		
Action	**Resp.**	**By (date)**

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Objective 5: Collaborate with both SMDTs to develop a restructured SMDT meeting

Aim:	By the board will ensure that by March 2017 a new SMDT meeting structure and format will have been developed and trialled.
Driver(s) for the change:	This will deliver a more effective means of reviewing referrals and ensuring that the clinical decisions are made by the most appropriate clinicians. It will also seek to make the most effective use of clinical resources and achieve complete data collection.
Domain:	Faster and better diagnosis Improved and standardised care
Risks to success:	Resources and time to complete the project. Lack of engagement by the clinical teams and organisations
How will any risks be mitigated?	The board will collaborate with the Quality surveillance team and NHS England and look to draw on their guidance, expertise and capacity.
Support required:	Leadership and executive level support

Outline Work programme		
Action	**Resp.**	**By (date)**