

## GYNAECOLOGICAL PATHWAY BOARD MEETING

### MINUTES

**DATE: 07/11/2014**

#### **Member's attendance:**

Dr Barraclough (Chair)	Christie	Mrs Sally Petith	Leighton
Mr K A Abidogun	Bolton	Sabine Fornacon-Wood	UHSM
Dr Richard Hale	Stockport	Mr Kyle Gilmour	Tameside
Ann Lowry	Central	Mrs Vanessa Hilton-Watts	Macclesfield
Karen Johnson	Christie	Dr Andrew Clamp	Christie
Ms Jo Dzyra	Stockport	Dr Ann Mills	Bolton

#### **In attendance**

James Leighton Manchester cancer

#### **Apologies**

Mr Richard Slade	Christie	Mr S Ali	Pennine
Mr Murray Luckas	Leighton	Mr Rick Clayton	Central
Debbie Beadle	Tameside	Dr Mike Smith	Christie
Mr Vincent Hall	Macclesfield	Mr Brett Winter-Roach	Christie
Miss Catherine Holland	Central	Karen Blackwood	WWL
Julie Dale	Pennine	Dr Suku George	Stockport
Dr Manisha Kumar	CM CCG	Mr S Burns	WWL
Dr Susan Davidson	Christie		

- **Welcome, introductions and apologies**

Dr Barraclough (LB) welcomed all to the meeting and noted the apologies received.

- **Minutes of the last meeting and matters arising not on the agenda**

These were accepted as an accurate record of the meeting.

- Primary and secondary prevention

Dr Barraclough (LB) updated the board on the current state of this work. There followed wide ranging discussion on this and how this work can be delivered and roll out amongst the target population.

- Cancer awareness week

The board fed back on this initiative.

- **Objective no 1 – Improving outcomes /survival rates**

- Schedule for guideline reviews

The need for a review of the existing guidelines was agreed; however this was proving difficult as the documents of the GMCCN were no longer available. The board asked that this was discussed with SCN and attempts were made to obtain copies. These were to be then circulated to board members for review and amendment, with a first draft to be made available at the January board.

**Action** – JL to contact the SCN to obtain copies of existing guidelines

**Action** – Board members to review existing guideline and forward suggested amendments to JL for collation for January board

- Update on CWP pilot

JL confirmed to the board that the pilot had commenced and referrals were being made to the Christie MDT meeting on the 14<sup>th</sup> November. This process will be kept under review and regular reports will update the board on progress.

The Board then had a discussion on how this would work in the re-configured service, how the MDT would function and how it would impact on the use of Somerset. Board members then raised the issue of how the existing technology was not supporting the MDTs as best as it could. It was felt that this was not a local issue but across Greater Manchester, JL agreed to raise this within Manchester Cancer.

**Action – JL to discuss within Manchester cancer to assess scale of the problem.**

- COSD Level 3 reports review

JL updated the board on the recently published COSD level 3 reports and how this can be accessed by sites. He then suggested that board members should review their Trust level report.

- **Objective no 2 - Improving the patient experience**

- Feedback on patient follow-up survey

LB and the board reviewed the tabled report from the recent follow-up survey. It was felt that most patients wanted to be followed-up for reassurance and that the majority would be happy to be seen by a CNS. It was felt that the provision needs to be built into the guideline reviews which would then allow for training needs and infrastructure support to be reviewed and established.

- Review of national patient experience survey

The board reviewed the tabled report taken from the output from the national patient experience survey. It was felt that it was difficult to draw any firm conclusions because of the low numbers involved. As there was no clarity on whether this was being repeated next year, the board would prefer to rely on a local patient experience survey.

It was proposed that the CNS group review the local surveys and construct a common local survey. This is to be discussed at the next CNS meeting at the beginning of December and report back to the board in January.

- Living with and beyond cancer project update

JL update the board on the living with and beyond cancer project and the innovation fund that is being used to support innovative projects to support this agenda. He explained that a significant amount of money is available and should support a significant project. Any proposal needs to be submitted by the end of December and must be supported by the board.

**Action – Board members to forward any proposal to LB / JL for discussion**

He also outlined the LW&B conference to be held on November 25<sup>th</sup>, Karen Johnson (KJ) has agreed to attend on behalf of the board.

- Proposed SACT strategy

The board reviewed the paper tabled on a proposed strategy for delivery of systemic anti-cancer therapy treatments. The board felt able to support the proposal that all adjuvant chemotherapy for gynaecological cancers should be delivered away from the Christie. However the board had concerns about the ability to maintain trial recruitment numbers and the solution that is eventually deployed should ensure that trial recruitment continues to rise.

- Patient involvement on the board

Patient representation is an outstanding issue for the board and it was agreed that this now needs to be addressed. Board members were asked to identify any patients that could possibly join the board. JL confirmed that any patient representative would be support before, during and after each meeting.

- **Objective no 3 - Research and innovation**

- NIHR clinical trial update

The board reviewed the tabled NIHR report and it was felt that one area for improvement was in recruitment from surgery at the Christie. Dr Clamp (AC) reported that Greater Manchester is doing reasonably well when compared with other networks. However he felt that the GM network did not have any large scale observational studies which other networks did have.

The board also discussed the status of the NCRN nurses identified within each Trust; the board felt unsure if these posts continued to exist. The board asked JL to follow this up and report back at the next board.

**Action – JL to discuss the NCRN nurse post within organisations with NIHR**

LB also confirmed that she was planning to hold a research meeting in Spring 2015 for all stakeholders, the date for which will be circulated at a later date.

- Innovation fund

This was discussed under the previous minute about the living with and beyond cancer project.

- **Improving service delivery**

- Education process

JL confirmed that delivery of a co-ordinated and structured programme was proving a challenge for Manchester cancer. Currently Manchester Cancer is looking for relevant partners to support the delivery of a quality programme. Discussions with CCGs have identified the format of each meeting with each pathway board to agree content. He confirmed this plan should be available for the January board.

It was also suggested that there should be GP input into this plan and so will be discussed with Dr Kumar before the board.

The board also felt that they would like to support an education event for the wider gynaecology cancer workforce across greater Manchester and most likely to be held in late summer early autumn.

**Action – LB to look at possible dates for this event for the next board meeting**

- Service reconfiguration update

LB gave an update and progress report on the project initiation document that has been tabled.

- SMDT measures working party update

JL reported that this work has not commenced and would be for the next board. There followed a wider discussion on standards for the SMDTs. LB proposed one such standard that she felt should be adopted immediately. This was that all patients discussed at the SMDTs:

1. Should have been seen by a gynaecologist who is present at the meeting (or at the very least has discussed the patient with a gynaecologist present at the meeting)
2. Should be presented by the referring consultant (includes physicians etc) or junior of that team who knows the patient and can give information about the comorbidities and wishes of the patient.

She felt that the SMDTs cannot be expected to give management decisions about patients when there is no information other than a one line history and a scan. She continued that the CWP will help to filter these patients but local Trusts need to enforce this rule.

**Action – Board members to discuss and action this rule with local MDTs**

- **Any other business**

- Board plans for 2015

LB asked all board members to give some consideration to planning the work of the board in the coming year and identify any issues or work that they feel needs to be progressed.

- **Date & Venues for next meeting**

The proposed dates for meetings in 2015 are below. The board also proposed that meeting venues should be alternated between CMFT and The Christie.

<b>January 9<sup>th</sup> 2015</b>	<b>14.00 – 16.00</b>
<b>March 6<sup>th</sup> 2015</b>	<b>14.00 – 16.00</b>
<b>1<sup>st</sup> May 2015</b>	<b>14.00 - 16.00</b>
<b>3<sup>rd</sup> July 2015</b>	<b>14.00 – 16.00</b>
<b>4<sup>th</sup> September 2015</b>	<b>14.00 – 16.00</b>
<b>6<sup>th</sup> November 2015</b>	<b>14.00 – 16.00</b>

**Action - JL to confirm the meeting venues by separate notification**

**Action – All board members to note the meeting dates**

DRAFT