

Head and Neck Pathway Board – Minutes of Meeting

Christie NHS foundation Trust Administration Department 2
 Level 3, Room 6
 Time: 2-4pm

Attendance	Representation
Gillian Hall	Consultant & Pathway Director CMFT
Francis Ascott	SLT, CMFT
Philip Bryce	CNS, CMFT
Debbie Elliott	Thyroid CNS, Christie FT
Mr Manu Patel	Consultant Oral Maxillo Facial Surgeon, ECFT
Maria Round	Macmillan Head & Neck CNS, PAT
Chetan Katre	Consultant, PAT
Kate Hindley	CNS, CMFT
Helen Doran	Consultant General Surgeon, SRFT
Miss Susi Penney	Consultant ENT surgeon, Tameside FT
Mr V Pothula	Consultant Head and neck surgeon, WWL
Apologies	
Professor Jarrod Homer	Consultant, CMFT
Suzi Bonington	Consultant Radiologist, Christie FT
Kate Garcez	Oncologist, Christie FT
Mr Andrew Baldwin	Surgeon, PAT
Miss L. Ramamurthy	Thyroid Surgeon, Stockport FT

In attendance

Nicola Lofthouse, CNS UHSM

Agenda Item	Action
<p>1. Apologies</p> <p>Apologies were noted</p>	
<p>2. Matters Arising from the former network meeting</p> <ul style="list-style-type: none"> ○ Neck lump clinic- colleagues are advised to monitor and report any issues or barriers to maintaining compliancy to the board for support. ○ The differences in tariff between the 3 surgical centres has been raised as a concern in the previous meeting, action for the trusts was to share the particulars of the tariff with the board. Only CMFT has shared this information. If this still a matter of concern for surgical centres the information needs to be brought forward to the board for discussion and action for the way forward. 	
<p>3. Background to Manchester Cancer</p> <p>GH gave a presentation on the background to Manchester Cancer and its aims to increase cancer survival improve patient experience and achieve over and above all national standards for Cancer. Primarily the focus is on clinical outcome data rather than the performance data as this will be managed in the Cancer Managers arena, the Head and Neck pathway board will influence the performance activity in the event this has adverse effect on patient care.</p> <p>GH highlighted the following are the data pertinent to the development of the Head and Neck Pathway, members are requested to identify any other data sets to ensure the collection and reporting happens at the board meeting.</p> <ul style="list-style-type: none"> ○ DAHNO ○ Clinical Lines of enquiry data ○ TNM staging data ○ Patient Experience Data ○ Clinical Trials activity <p>The focus of Pathway Boards will be on all areas of the patient pathway and the four cross cutting themes (living with and Beyond, Palliative Care, Teenagers and Young Adults, Preventing, Screening and Awareness) will inform and take forward clinical pathway board needs to support the overall objectives of Manchester Cancer.</p> <p>The role of the Pathway board members is to ensure the developments reflect the work will be documented in an annual work plan, which will form part of a three-year plan. GH also provided information on the Manchester Provider Board, made up of the 10 CEO's of the acute Trusts in Manchester along with representatives from the Strategic Clinical Network, patients and local commissioners.</p> <p>Cancer managers, leads and AHP are now also under the umbrella of Manchester Cancer, the core team are in attendance to the meeting and will report any pathway matters to this board. In the event there is a local issue to address this will also be the avenue to put forward any concerns regarding operational matters or Trust noncompliance to clinical matters proposed by the Pathway Board.</p>	

<p>GP representation has been sought by Manchester Cancer Medical Director, expression of interest has been sent to GP lead at CCG level and Macmillan GPs.</p>	
<p>4. Terms of Reference</p> <p>GH explained that each Pathway Board would sign up to the Manchester Cancer Terms of Reference (ToR). The Head and Neck ToR has been amended to reflect the pathway, Members are required to provide feedback prior to the next meeting 3rd September. The ToR will be adopted if no concerns or issues raised by members.</p>	
<p>5. Work programme ideas for discussion</p> <p>GH introduced the draft work programme ideas for discussion for members to add towards. The board split into workshops to critic the two ideas in more detail.</p> <ul style="list-style-type: none"> - Meeting national standards for data collection – due to the different systems used and the number of sites including MDTs held at non-surgical sites this has impacted on the Head and Neck data collection of staging and clinical lines of inquiry. The transfer of data between trust and the lack of resources to support the collection has impacted on lower recorded activity. - Achieve 100% score on patient survey – explore the whole patient pathway to investigate areas for improvement from Primary care to EoL to ensure positive patient experience responses. <p>The process for major change or invested will require a business case to the provider board including optional appraisals.</p> <p>A query was made in relation to reconfiguration of Head and Neck activity, GH confirmed once direction is received from NHS England the information will be shared at the pathway board.</p>	
<p>6. Performance</p> <ul style="list-style-type: none"> - 62 day waiting target Data to be presented at the next meeting. - 2ww referral for & methods <p>As part of outstanding items from the previous network, members have been task to review four referral forms from other organisation and identify which would meet the pathway needs. Salford Royal NHS Foundation Trust 2 week wait referral form has also been included in the review which has been recently agreed and adopted by Salford CCG.</p> <p>Members are required to feedback by the next board meeting.</p>	<p>HN to send all forms including process for consultation and feedback</p>

<p>7. Research</p> <p>GH is working with Jarrod Homer to develop an up to date list of trials which we are participating in to allow continued monitoring of activity. Furthermore, current open trials on the National Portfolio which we are not signed up to have been identified and for discussion as to suitability to adopt.</p>	
<p>8. Audit</p> <ul style="list-style-type: none"> - Chest Imaging audit presentation will be uploaded on Manchester Cancer website. - Salivary Gland audit- A one year audit of salivary gland cancer activity to address peer review non-compliance this will also be uploaded in the website. 	
<p>9. Peer Review</p> <ul style="list-style-type: none"> - Thyroid MDT attendance and Surgical List <p>In receipt of the surgical list however we are outstanding the surgical numbers, GH will email the Lead clinicians to ask the Trust informatics lead for the information. In the event there are issues in relation to MDT attendance the board can support providers in exploring options to increase attendance including the time or location of the MDTs.</p>	
<p>10. Clinical Guidelines – HPV guidelines</p> <p>Protocol has been shared with all pathology laboratories in Greater Manchester; it is advised if the patient fits the criteria to send the material for testing to reduce any delays in decision to treat. Acknowledgement has been received from pathologist colleagues and an audit of the implementation of the protocol will be undertaken later in the year. There also needs to be a mechanism to record the request at MDTs, this guideline will be uploaded on the website.</p>	
<p>11. Clinical Education event proposal for discussion</p> <p>Discussed ideal education package and agreement that early diagnosis is a priority along with implications of later referrals. No current arrangements for GP education with head and neck cancer although GDP events are on-going and can be modified to acknowledge priorities.</p> <p>Some Board members report previously attempting GP education events with poor attendance and hence new plans need to be planned with advice from GP Cancer Leads and combine head and neck with other disease groups to encourage higher uptake.</p>	
<p>12. AOB</p> <p>Manchester Cancer Website up and running</p>	
<p>13. Date of the next meeting</p> <p>3rd September 2-4pm Christie, Trust Administration Department 2, level 3, room 6</p>	