

Head and Neck Pathway Board – 13th January Minutes of Meeting

Seminar Room 8, Mayo Building SRFT

Time: 2.30-4pm

Attendance	Representation
Gillian Hall	Consultant & Pathway Director CMFT
Francis Ascott	SLT, CMFT
Philip Bryce	CNS, CMFT
David Makin	Patient Lead
Professor Jarrod Homer	Consultant, CMFT
Chetan Katre	Consultant, PAT
Mazhar Iqbal	Maxillo Facial Surgeon, UHSM
Maria Round	Macmillan Head & Neck CNS, PAT
Kate Hindley	CNS, SRFT
Miss L. Ramamurthy	Thyroid Surgeon, Stockport FT
Miss Susi Penney	Consultant ENT surgeon, Tameside FT
Helen Doran	Consultant General Surgeon, SRFT
Apologies	
Mr Manu Patel	Consultant Oral Maxillo Facial Surgeon, ECFT
Cath Cameron	Head and Neck CNS, WWL
Kathleen Mais	Head and Neck Nurse Clinician, Christie
Mr V Pothula	Consultant Head and neck surgeon, WWL
Katie Foster	Dietician SRFT
Karenza Graes	CNS Bolton FT
Suzi Bonington	Consultant Radiologist, Christie FT
Mr Andrew Baldwin	Surgeon, PAT
Kate Garcez	Oncologist, Christie FT
Debbie Elliott	Thyroid CNS, Christie FT

Agenda Item	Action
<p>1. Apologies Apologies were noted</p>	
<p>2. Minutes from the last meeting Confirmed as an accurate account and true description of the meeting.</p>	
<p>3. Matters Arising from the former network meeting</p> <ul style="list-style-type: none"> - GH to send letter to director of Ops – Completed - HN to badge Mount Vernon referral form to Manchester Cancer- Completed further amendments discussed with regards to contact names and layout, further changes to be made by GH prior to uploading to the website. - GH and HN to further explore data quality issues and propose solutions- GH explained to members currently awaiting a meeting with the Cancer Lead at Christie to explore opportunity to improve the role of the MDT co-ordinator engagement at MDT. HN feedback the initial response to the query has not been received from Christie as expected, there seems to be a lack of enthusiasm in engaging the Coordinator at MDT more efficiently. JH expressed the MDT and MDT clinic although hosted by Christie is owned by CMFT as such if there are current support issues in the future there are options to explore moving the MDT and clinic back to CMFT. MI also expression the UHSM perspective and their solution to effective recording of activity is another MDT coordinator from UHSM also attends the meeting to collate the required data. Members had further discussion with regards to clinical risk in incomplete data in the management of Head and Neck patients. GH and HN to attend Pennine MDT and UHSM MDT to identify any further barriers. - HN to support Wellbeing clinic application –The application is for patients and their carers who have received treatment (surgical, oncological, or combination) for their Head and Neck Cancer will be invited to attend a holistic one day clinic post treatment as advised by The National Cancer Survivorship Initiative document LWABC (2013) to support the recovery and wellness of patients and carers alike. Application has been completed awaiting feedback. - HN to support chemo and radiotherapy application – The funding was applied to Risk stratify AHP input for Head and Neck patients receiving anti-cancer therapies (Chemotherapy, radiotherapy or both) to deliver a more patient focused care to improve health outcomes and provide a menu of support at discharge. The application has been completed awaiting feedback. - GH to write to the Chemotherapy Pathway board Director- completed - HN to arrange virtual online recording sessions – Completed SP to send dates more suited to arrange online education session recording on ENT early detection. 	<p>GH to make final change of referral form.</p> <p>HN/GH to attend UHSM MDT and Pennine MDT</p> <p>SP to share more suitable dates with HN</p>

<p>4. Objective 1- Improving outcomes/survival rates</p> <ul style="list-style-type: none"> - Data Quality- Sarcoma Pathway Board journey, HN gave a brief overview of the Sarcoma pathway board data quality improvement journey including future plans. - Review of Guidelines- GH requested members to identify any further guidelines that require development and to review exiting guidelines for any amendments. - Performance dashboard- GH shared the current dashboard development by Manchester Cancer a further meeting to be had with the Analyst to discuss further any amendments or inclusion of data required on the dashboard. - Thyroid MDT & Surgical numbers – GH will attend the annual business meeting when informed of date. - Prevention and early diagnosis education Annual plan objectives progress report, Manchester education brief attached for information, until the GP education plan is in place the virtual sessions will support the existing objective set on the annual plan. 	<p>HN to send presentation to members</p> <p>GH to send HN final list to rebrand MC and upload on website</p>
<p>5. Objective 2- Improve Patient Experience</p> <ul style="list-style-type: none"> - Stockport Pathway Improvement – LR tabled a paper by the Macmillan Project Manager tasked to improve the pathway for Stockport patients. HN expressed the need for coordinated change and all proposal to improve the pathway needs to be brought to the board to share with other diagnostic centres to maximise improvements. It is anticipated the Project Manager will report progress and any proposed changes impacting on the wider pathway to the board. - CNS and SLT mapping outcomes A further meeting to be arranged by HN to discussed recommendations and solutions. 	
<p>6. Objective 3- Research and clinical innovation</p> <p>Clinical Trials report to be shared at the next meeting.</p>	
<p>7. Objective 4- Improving and standardising high quality care across the whole service</p> <p>Head and Neck Centralisation proposal for commissioners workshop- the members unanimously agreed a workshop is not needed and they support centralisation agenda unanimously. Previous efforts has been made including discussions with the former commissioning leaders including numerous papers JH to share with GH the papers.</p>	

<p><i>Amendments from MI centralisation of Maxillofacial Services has been discussed in the past and that Consultants have no objections in principle as long as all aspects of Maxillofacial Service delivery is centralised (eg Trauma, deformity & oncology), outpatient, inpatient and theatre capacity is maintained along with protection of existing consultant contracts. This was discussed at the meeting. Centralisation of ENT services has not been discussed or agreed to by any of the units that I am aware of.</i></p> <p>Members agreed due to the existing non-compliant services in Manchester Cancer Head and Neck is not the priority.</p>	
<p>8. A.O.B</p>	
<p>9. Date of the next meeting</p> <p>10. All meetings to be held 2 to 4pm Meeting room 6, Trust Administration, Level 3, The Christie NHS FT</p> <p>The following dates : 23rd March , 11th May, 8th July, 23rd September, 18 November</p>	