Head and Neck Pathway Board – 3rd September 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
Suzi Bonington	Consultant Radiologist, Christie FT
Mr Andrew Baldwin	Surgeon, PAT
Mazhar Iqbal	Maxillo Facial Surgeon, UHSM
Maria Round	Macmillan Head & Neck CNS, PAT
Chetan Katre	Consultant, PAT
Miss L. Ramamurthy	Thyroid Surgeon, Stockport FT
Helen Doran	Consultant General Surgeon, SRFT
Miss Susi Penney	Consultant ENT surgeon, Tameside FT
Kathleen Mais	Head and Neck Nurse Clinician, Christie
Cath Cameron	Head and Neck CNS, WWL
Apologies	
Professor Jarrod Homer	Consultant, CMFT
Mr Manu Patel	Consultant Oral Maxillo Facial Surgeon, ECFT
Kate Garcez	Oncologist, Christie FT
Kate Hindley	CNS, SRFT
Mr V Pothula	Consultant Head and neck surgeon, WWL
Philip Bryce	CNS, CMFT
David Makin	Patient Lead
Debbie Elliott	Thyroid CNS, Christie FT
Katie Foster	Dietician SRFT

In attendance
Tahier Kazim, Macmillan Head and Neck Project Manager Stockport
Hannah Kulbacki, ENT CNS WWL

Agenda Item	Action
1. Apologies Apologies were noted and Welcome to Kathleen Mias, Nurse Clinician at Christie	
2. Minutes from the last meeting Confirmed as an accurate account and true description of the meeting.	
3. Matters Arising from the former network meeting ○ ToR, no further feedback has been received from members this will be followed and review in March 2015. ○ 2WW referral form, survey is currently out HN received 4 responses will report the finding at the next meeting. ○ Tariffs issue was raised at the last meeting, Pennine has shared their current tariff and the negotiation which has taken place with CMFT and UHSM . GH feedback to the members if there are tariff discrepancies which have an impact on patient care members need to raise at this board. ○ MI suggested will share the information of UHSM however they have not released figures despite requests. Successful outcome of Pennine challenge could be used as a drive to try to obtain these	
4. Annual plan and report GH described in detail the objectives of the annual plan below; **Objective 1: Improve all aspects of data recording for Head and Neck by March 2016. This is to be achieved by ;** ○ Assessing the current practice of data flow in MDTs and identify new models of collection and recording to support Trusts and the Pathway Board. ○ Identify measures outside of the national requirements to provide more up to date local intelligence to gain additional understanding of the current services. ○ To extract data from current systems to assess current stage of disease at presentation yearly – to allow assessment of impact of educational program with intention that disease is picked up earlier. Members agreed to use CMFT template developed by SP to do a short audit of MDTs to access the quality of information shared from diagnostic centres to surgical MDT sites. The DAHNO minimum data set will be used to access the quality and all items are included in the CMFT template. AB, MI and SP volunteered to support objective 1. Members have identified LoS, % delayed operations and theatre utilisation, TNM staging at presentation as additional items of data to collect that will provide further information on current service. TNM staging at presentation can be used as a benchmark against which to assess the impact of educational programmes aimed at early detection and diagnosis.	**HN to share the plan and template with volunteers, upon agreement of the plan HN will attend one MDT per surgical site to map data flow and quality.**

Objective 2: Ensure patient is able to fully access all aspects of care pre, during and post treatment and is fully informed by 31st of March 2019. - Map current service provision with respect to CNS, dieticians, speech and language and dental care from diagnosis through to follow-up to identify gaps and inequities. - To assess organisation of the above services, ease of cross referral and flow of information. - To assess availability, quality of patient information and appropriateness - To fully engage with the Living with and Beyond and Palliative Care service mapping to ensure full assessment of Head and Neck delivery of care. The Living with and Beyond Cancer Board are mapping the National Cancer Survivorship Initiative survivorship recovery model using a tool, board members agreed the CNS to complete on behalf of Head and Neck pathway board. GH proposed a mapping event of CNS, Dietetics, speech therapist and dental to map the process and interactions with patient in order to highlight the barriers and share good practice.	**CNS to complete the LW&BC mapping on behalf of Head and Neck** **HN to arrange a mapping within the first two weeks in October and invite the listed disciplines.**
5. Performance - 2 week wait target: GH presented waits reported in Quarter 1 of 2014 and confirmed Manchester Cancer will soon have access to more up to date data for 31 and 62 day waits by provider and pathway. - Recording metastatic surgery as primary treatment query from Wythenshawe: GH highlighted the matter raised by Wythenshawe patients with tonsil cancer or unknown primary who need de-bulking neck dissection followed by nonsurgical treatment. They may not have surgery to the primary site at the time of neck dissection for a number of reasons; the tonsillectomy may have been carried out as part of the diagnostic process and there is no residual primary disease (in which case the tonsillectomy counts a first treatment); or the primary may be deemed to be best treated only with non-surgical treatment; or there may no be a detectable primary. Pennine and CMFT have been counting surgery of the neck as the first definitive treatment with therapeutic intent which clinically seems entirely reasonable. The board agreed that in this situation, the neck dissection should be considered as the first treatment with therapeutic intent (which is a better option for the patient rather than neck salvage after therapy). It is important to check for a diagnostic tonsillectomy as this could count as first definitive treatment. GH to write to the Chair of the Director of Operations to provide the above advance and draft a letter to the DOH for sign off by Manchester Cancer highlighting the Manchester Cancer approach to 18 week wait guidelines to neck cancers.	**GH to write to Chair of Director of Operations in Greater Manchester to give guidance.** **GH to draft letter to DOH raising the impact of patient care on 18ww guidance.**

6. Audit and Research - Clinical Trails Report – GH shared the current clinical trials data and the H&N are in line with the projected target for this financial year. GH has identified a list of clinical trials opened that are not on the list to discuss with the research lead (JH). - Dental service feedback – GH gave a lecture to a group of GDPs in July to introduce Manchester Cancer and its objectives, to discuss the importance of early detection/diagnosis and to seek ideas as to what educational needs GDPs in primary care have. There is perceived educational need in how to refer / to who and by what mechanism as well as a need for updates on suspicious lesions . - CNS feedback based on a survey monkey to identify challenges and positives of the role of CNS. Challenges are the areas will be focused to address at the mapping meeting.	
7. Peer review Thyroid MDT surgical numbers – GH has request for updated numbers of surgeons and has received some responses. GH will attend a Thyroid MDT meeting / the annual business meeting to request this information to meet peer review requirements. Attendance will also need to be discussed.	
8. Manchester Cancer update - Manchester Cancer User involvement strategy shared with all members of the board any feedback need to be sent to HN - Manchester Cancer Annual Plan synopses of all pathway boards shared for information.	
9. Clinical Education event proposal for discussion Pathway members have identified early prevention and detection as the focus area for an education event, Manchester Cancer is currently developing an education plan in partnership with a number of other pathway boards. The draft specification below was developed in partnership with CCG Cancer Lead in Greater Manchester. **"Top 5 tips for query cancer patients"** - 30 minute presentation excluding Q&A - Present no more than two case studies - Open questions to delegates on what actions they would take for discussion - Share top five things for query cancer - Avoid specialist clinical details focus presentation on general practice presentations.	
10. Date of the next meeting **6th November 2014 2-4pm** UHSM, Education and Research Centre, Seminar 7	

13th January 2014 2-4pm Seminar Room 1, Level 1, May Building SRFT	