Manchester Cancer

Head and Neck Pathway Board
23rd March 2015
Minutes of Meeting

Meeting Room 6, The Christie

Time: 2-4pm

Attendance	**Representation**
Gillian Hall (GH)	Consultant & Pathway Director CMFT
Kate Garcez (KG)	Oncologist, Christie FT
Jonathan Hobson (JH)	ENT Consultant, UHSM
Mazhar Iqbal (MI)	Maxillo Facial Surgeon, UHSM
Maria Round (MR)	Macmillan Head & Neck CNS, PAT
Kate Hindley (KH)	CNS, SRFT
Miss L. Ramamurthy (LR)	Thyroid Surgeon, Stockport FT
Helen Doran	Consultant General Surgeon, SRFT
Jane Ashworth	*Manchester Cancer (minutes)*
Apologies	
Miss Susi Penney	Consultant ENT Surgeon, Tameside FT
Chetan Katre	Consultant, PAT
Philip Bryce	CNS, CMFT
David Makin	Patient Lead
Francis Ascott	SLT, CMFT

Agenda Item	**Action**
1. Apologies Apologies were noted	
2. Minutes from the last meeting MI asked for the discussion from the last meeting regarding the 'possibility of centralisation re: ENT' to be minuted. The amended minutes had been circulated ahead of this meeting (embedded within agenda) and there were no further comments. Confirmed as an accurate account and true description of the meeting.	
3. Matters Arising	
4. 2 Week Waiting Times Audit Results The Director of Operations Group has asked cancer managers to look at 62-day performance across the region. Jan Smart (Cancer Manager, Tameside) and Caroline Culverwell (Cancer Services Manager, Stockport) presented the	

findings from the Head and Neck audit.

16 breached pathways were reviewed, 10 were treated at Christie and 6 at UHSM/CMFT. The reasons for breaches were as follows:
7 down to diagnostic delays
3 x internal delays
1 x patient choice
4 x patient choice & very ill
1 x very complex pathway & unwell.

The following recommendations have been suggested from the findings:

- One stop model by Day 7 - Ultrasound FNA reported, CT reports & follow up date organised.
- Work with primary care about GP engagement. Ensuring patient fully aware & urgency.
- Agreement around decision tree – standard approach for diagnostics. To get
- Telephone contact rather than being brought back
- Agreed diagnostic turnaround times across GM
- Agree some cancer access policy changes across GM. Greater Manchester wide cancer access policy. (agreed with CCG's)
- Making sure patients engaging
- Access to radiology

The board asked JS and CC if it would be possible to categorise the report to uncover at what stage each breach happened i.e.radiology, pathology.

ACTION: JS/CC

There was discussion around the fact that many diagnostic biopsies for head and neck are not achieved by use of FNA and many biopsies require day case general anaesthetic which cannot be done on the day. It is also thought better to image the patient before undertaking biopsy in most cases. Hence, examples of good practice seen in other pathways may not be applicable to head and neck.

ACTION: GH

Gill Hall will write to all the diagnostic centres to ask for quick summary of what their major challenges are - radiology/pathology/other.

ACTION: ALL

Examples of areas of good practice which in the early stage of the pathway which might reduce breaches are availability of weekly ring fenced and pre-booked slots soon after the clinic appointment (same day or no more than a few days later) for H&N patients, and pre-op clinic on the day of the first appointment if requiring examination / biopsy under anaesthesia (and for this to be accepted by a neighbouring Trust if the EUA is to take place at a different site than the diagnostic clinic).

Issues around booking of PET CT scans were also raised with the requirement that certain blood test results are entered before the booking is accepted. GH to liaise with radiology representative to see if a slot can be provisionally

booked and this result entered within a certain time frame to minimise delays. These factors are possibly exacerbated in the situation where clinicians work across multiple sites and may not be back at that site for up to a week to check and enter blood results.

It is requested that all the issues raised are explored by the Pathway Manager and Pathway Board.

5. Pathway Reviews

The Head and Neck pathways were last reviewed in 2012, and now require updating.

The board queried the definition of **CARP** which is referred to on the Pathways. The **'Communication and Referral Protocol'** is outlined in further detail on the Manchester Cancer website: http://manchestercancer.org/cancer-waiting-times/

- **Draft Thyroid Pathway**

The amendments suggested are all marked in red on the pathway documents attached for circulation and feedback. The BAETS document update has been referred to in making this change.

Draft Thyroid Pathway v1.doc

- **Head & Neck Generic Pathway**

Some of the suggested amendments are marked in red on the attached document. The following queries were also raised:

i) Confusion over which timeline to choose if 2 trusts?
ii) Aim for 4 working day turnaround for Pathology – this will need to be agreed locally with all involved Trusts
iii) Any other helpful boxes?

Head & Neck Generic Pathway v1.doc

- **Head & Neck Unknown Primary Pathway**

The board raised several queries in regard to this pathway:

i) 'Book PET-CT (online and ideally on the day)' – requires discussion with the Director of Operations at The Christie as this doesn't always prove possible.
ii) There is currently no time line detailed on the existing pathway.
iii) P16 consider non head & neck primary? For referral to unknown primary MDT.
iv) It was noted by the board that importance should be stressed on ensuring the patient is at MDT by day 31 and commences treatment by day 62. Results back by Day 25 incl Pet-CT, FNA and other imaging.

Head_&_Neck_Unknown_Primary_Pathwa

ACTION: GILLIAN HALL

The Pathway Board Director will make the above alterations and distribute to The Board for comments.

- **Dentist Referral Form**

GH advised that the Head & Neck Pathway Board recently redesigned GDP Referral Form is now available for use. **This will be accessible via the**

Manchester Cancer Website. We are looking at ways of sending an email to all GDPs to inform them of the existence of this resource which sits alongside a summary of the NICE guidelines for referral of suspected cancers.	
• **DATA** GH told the Board that both CMFT and UHSM MDT's are discussing issues regarding data transfer. The Christie MDT co-ordinator as host of MDT's acknowledges problems with data because of the different systems in use. The Clinical Web Portal project, which could provide a solution to the issues with data is moving forward. The CWP pilot within the Christie Gynaecological cancer MDT has now finished. The risks and problems that this has thrown up are now being focussed on. A second pilot within the Lung Cancer North West sector MDT is proposed.	
• **Any Other Business** GH informed the Board that they have had had two positive applications for Macmillan Funding for Head and Neck Pathway Board projects: i) Philip **Bryce -** Health and Wellbeing clinic. This will be located at CMFT as a follow up patient 'One Stop Shop' holistic needs clinic. ii) Speech Therapy Risk Pathway Stratification. For patients undergoing radiotherapy at The Christie. Assessed and stratified during treatment and in early post treatment phases. The will start in Spring 2015. • Jarrod Homer has proposed an audit re: HSC referrals, looking into all 11 diagnostic centres. From the findings he hopes to generate local guidelines for persistently inappropriate referrals. The Head and Neck Board agreed in principle to support Professor Homer and the audit. • GH informed the Board about The Swallows Head and Neck Cancer Support Group. An enthusiastic support group formed by like-minded cancer patients to help and support fellow sufferers and their carers. Their website can be accessed via http://www.theswallows.org.uk/ . GH would like to invite the founder to a future meeting to present their work and experiences so far. • **Peer Review** The deadline for Peer Review is end June 2015. Guidelines, Constitution, Annual Report and a self evaluation report need to be submitted. • **Patient information leaflets** To be discussed at the next meeting.	**ACTION: GH, PATHWAY BOARD, MANCHESTER CANCER**

9. Date of the next meeting **11th May, 2-4pm** **Meeting Rooms 4&5, Trust Admin, The Christie**	