

Greater Manchester **Cancer**

Head and Neck Pathway board

Meeting Head and Neck pathway board

Minutes of the meeting held on 21st September 2016

Christie, Trust HQ.

Action:

In attendance

Mr J Vickers	Salford Royal (Chair)	Dr B Rameh	Pennine
Mr David Ardern	Patient rep	Dr R Willert	Central Manchester
Mr B Smajer	Bolton	Dr S Hayes	Salford Royal
Dr K Koss	East Cheshire	Mrs M Eden-Yates	Salford Royal
Mr Ram Chaparala	SRFT	Mrs L Porritt	Stockport
Mr A Li	Central Manchester	Dr S Liong	UHSM
Dr Hamid Sheik	The Christie	Dr R Hubner	The Christie


1. The minutes of the last meeting were reviewed and approved.
2. Matters arising:
 - COR gave a summary of information on changes in GM cancer and the new cancer systems board (CSB). There will be greater accountability of pathway boards, but also the boards will have power to feed information up to the CSB. Slides attached and presentation as discussed.
 - Copy letter: discussion by Laxmi Ramamurthy.

Discussion summary	<ol style="list-style-type: none"> 1. Patients sent back to their local hospital for follow up and the information received from the referring hospital 2. The pathway for Stepping Hill H&N cancer patients (proposed 25 day pathway).
Conclusion	
Actions and responsibility	

3. Outcomes

- a. Standardised OG pathway

Discussion summary	A Review of both versions of the proposed pathway that have been tabled.
Conclusion	Agreement to adopt version agreed by board in May 2016 and to undertake an

	audit post implementation. The adopted version is available here. 
Actions and responsibility	1. JL to inform the cancer managers of decision 2. JL to meet with Marie Hosey to discuss how best to undertake the audit

b. Service transformation - Update on progress

Discussion summary	JV provided an update to the board on his understanding of the current status of the service transformation process.
Conclusion	He explained that the service will be on a single service based on one site with outreach to other units and offer 24 hour cover. The board noted the update and agreed to keep this as a standing item on the agenda.
Actions and responsibility	No actions taken following discussion

c. Revision of the pathway guidelines

Discussion summary	The board reviewed the existing guidelines which were written in 2012.
Conclusion	The board agreed to re-write the guidelines and asked that, given the scope of the work, the responsibility for relevant sections was to be delegated amongst the board members. The board agreed to support this process.
Actions and responsibility	JV to review how the document was to be “chunked up” and delegated to the relevant board members.

d. Possible options for the restructure of the MDT process

Discussion summary	JV asked the board that, given the service transformation taking place in the near future, if this would be a good time to review the structure and format of the SMDT process.
Conclusion	The board concurred that this would be a good time to revise the SMDT provision. They asserted that the first principle to be adopted was that an all-day SMDT held once a week was not appropriate. The board’s preferred model would be to have more than one SMDT as this would distribute the work and SMDT requests better. This could be based on a geographical basis or some other means. JV asked the board to propose some models for the SMDT to be discussed at the next meeting of the board
Actions and responsibility	All members to consider and propose new SMDT models in time for discussion at the November meeting of the board.

4. Research and education

a. Clinical trials report annual report 2015/16

Discussion summary	RH provided an update on recruitment to clinical trials in 2015/16, as reported by the NIHR.
Conclusion	RH discussed his recent meeting with the NIHR and the overall drop in recruitment in GM. He asked members to inform him of any non-interventional trials in existence to help increase numbers. He also raised the issue of recruitment to the Aspirin study, which although it is recruiting well nationally in not doing so locally. Lastly he discussed the OCCAM study which has also suffered a drop in recruitment numbers.
Actions and responsibility	Board members to forward details of any non-interventional trials to RH

b. Respect 21 – Update on study

Discussion summary	CP requested formal approval of the board to attend, observe and report on the meetings of the board, subject to the relevant research ethics and standards.
Conclusion	The board approved the request.
Actions and responsibility	CP to circulate via JL, the confidentiality disclaimer for the project to provide reassurance to the board.

5. Update on the GM Cancer system board

Discussion summary	JL updated the board on the development of the GM Cancer system board and revised governance arrangements.
Conclusion	The board noted the discussion and governance arrangements.
Actions and responsibility	No actions taken following discussion

6. Any other business

- i) RH asked about XXXX Score reporting – SH confirmed this was contained within the Pathology guidelines.
- ii) Meeting dates for 2017
 - Friday 27th January 14.00 – 16.00hrs
 - Friday 31st March 14.00 – 16.00hrs
 - Friday 16th May 14.00 – 16.00hrs
 - Friday 28th July 14.00 – 16.00hrs
 - Friday 29th September 14.00 – 16.00hrs
 - Friday 24th November 14.00 – 16.00hrs

- 1. Date and time of next meeting – **25th November 2016, 14.00 – 16.00hrs**
Pathology seminar room 1, Mayo building, SRFT