

Manchester Cancer

Gynaecology pathway board minutes

Date of Meeting 1st July 2016

Time of meeting 14.00hrs – 16.00hrs

Venue Room 6, Trust administration, The Christie NHS Foundation Trust

Attendance	Representation
Dr Barraclough (Chair)	Christie
Ann Lowry	Central
Mr Jim Wolfe	SRFT
Julie Dale	Pennine
Dr Andrew Clamp	Christie
Mr K A Abidogun	Bolton
Mr S Burns	UHSM
Venessa Hilton-Watts	East Cheshire
Karen Johnson	Christie
Julie Holland	Patient representative
Miss Eva Myriokefalitaki	Christie
Sabina Fornacon-Wood	South Manchester
Dr Richard Hale	Stockport
Mr Rick Clayton	Central
Dr Ann Mills	Bolton
Robina Malik	Patient representative
Mr Raha Latheef	WWL
Apologies	
Mr Vincent Hall	Macclesfield
Dr Carolyn Walker	GP representative - HMR CCG
Dr Mike Smith	Christie
Miss Catherine Holland	Central Manchester
Mr Suku George	Stockport
Mr Brett Winter-Roach	Christie
Ms Birgit Schaefer	Pennine
Mr Kyle Gilmour	Tameside
Mr S Ali	Pennine
Mr Richard Slade	Christie
Julie Kiernan	South Manchester
Dr Susan Davidson	Christie
Ms Jo Dzyra	Stockport
Karen Blackwood	WWL
Mrs Sally Petith	Mid- Cheshire
In attendance	
Michelle Leach	Macmillan user involvement manager
James Leighton	Manchester Cancer

Welcome, introductions and apologies

LB welcomed all to the meeting and noted the apologies received. Mr Latheef attended his first manager on behalf of WWL.

1. Minutes of last meeting

These were accepted as a true record.

a. Matters arising not on the agenda

LB and JH fed back on the meeting between CMFT and the Christie to discuss the single service. They both confirmed that no progress had been made on the issues of the on-call rota and SMDT restructure. As a consequence it was proposed by the meeting that both issues needed to go back to the commissioners for advice and guidance. There has been no update in the interim.

JH hoped that the patient involvement in the meeting had changed the dynamic and LB felt that it had.

2. Objective no 1 – Improving survival rates

a. Surgical patient management guidelines

This item was deferred until the next meeting of the board.

b. SMDT – proposed restructuring update

This item was addressed under the matters arising discussion.

3. Objective no 2 – Improving the patient experience

a. Local Patient experience survey report

This item was deferred until the next meeting of the board.

b. User involvement update

ML spoke to the tabled paper and provided an update on the work of the user involvement team and informed the group on phase two of the project.

4. Objective no 3 – Research and innovation

a. Education event 2016 – Feedback

JL informed the Board on how the event went and the feedback from attendees. He confirmed that overall both meetings were well attended, although less than the number registered. But they both received quite positive feedback from the delegates.

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The board then had a discussion on holding another meeting in the future, possible topics and target audiences. At this stage there was a preference for the meeting to have a primary care focus.

JH asked that consideration was also given to the event had a focus on living with and beyond the disease.

The report from the cervical cancer meeting is in the embedded document below.



Study day
feedback.pptx

b. LWBC innovation project update

KJ advised the board on her project on living with and beyond and how this might inform how the event could be run. It was hoped that

5. Objective no 4 – **Improving service delivery**

a. Follow-up policy

LB explained that because of the work of the GM cancer work stream on aftercare progress on this had been delayed. However she explained that it is felt that the board should now progress this issue.

The board had a wide ranging discussion on this and how to take this forward. It was agreed that the objective of the project was to both standardise follow-up care and provide the optimum model of after care for each disease group.

LB suggested that a small group of the board was formed to drive this forward on behalf of the board. **Action - LB agreed to organise a meeting of the small group for September**

b. Future structure of the GM Cancer system and pathway board

JL provided an update to the board on the proposed changes to the governance of cancer care across the conurbation. He confirmed that the current provider board would be dissolved and replaced by what is currently being called a "Cancer System Board".

This new board would have a wider remit and expanded membership so that it would be better placed to govern across the whole of the cancer pathway.

The pathway board discussed the changes and how it might affect the board. They agreed to give the matter some consideration and keep under review until the new structures have been confirmed.

c. Regional Radiology meeting

AM provided an update on a Radiology regional meeting, that was held recently. She confirmed that the intention was to continue to meet to discuss relevant topics and issues. LB asked if support was required in facilitating this meeting and AM agreed to discuss this with the group.

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6. Any other business

a. Pathway board proposed work plan 2016/17

The board had a discussion on the possibility of undertaking a patient experience survey in the next year. The board then had a wide ranging discussion on what might be surveyed, who should be surveyed and the impact on the patients of having repeated surveys.

JL advised that the National Cancer Patient experience Survey (NCPES) was soon to be published and would be available by Trust. He suggested that the discussion on the board patient experience survey should occur after the board has reviewed the NCPES output and the board agreed.

Action – JL to circulate the Manchester Gynae NCPES

Other suggestions were that the board needs to continue to effect the establishment of the single service.

Date and time of next meeting

Friday 9th September Room 6, Trust administration, The Christie NHS FT
Friday 4th November Seminar room C&D, Central Manchester FT

DRAFT