

Manchester Cancer

Gynaecology pathway board minutes

Date of Meeting 4th March 2016

Time of meeting 14.00hrs – 16.00hrs

Venue Seminar room C&D, Research Department, Central Manchester FT

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

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Gynaecology pathway board minutes

1. Welcome, introductions and apologies

LB welcomed everyone to the meeting and introduced two new board members, Dr Carolyn Walker (GP representation) and Ms Julie Holland who is representing people affected by cancer.

2. Minutes of last meeting

The minutes of the last meeting were accepted as a true record and there were matters arising not on the agenda.

3. Objective no 1 – Improving survival rates

a. Surgical patient management guidelines

LB advised the board that the work undertaken in the previous year on constructing the guidelines has not yet been finished, as the surgical guidelines was still to be completed. RE confirmed that the guidelines for endometrium and ovary had been previously circulated. LB agreed to check with JL that these are available.

Action – JL to circulate the endometrial and ovarian surgical guidelines

The Vulval cancer guidelines were being written by Miss Holland. The board understood that Mr Smith had done some work on the cervical guidelines. LB agreed to review the current status of this work.

Action – LB to review the progress on cervical and vulval guideline construction

b. Standardised referral forms

Dr Sara Taylor (ST) discussed the work that had been undertaken to devise and implement a standardised 2WW referral form. She confirmed that there was a generic section and then tumour specific sections.

She outlined the forms and explained that there were mandatory questions about the readiness of patients for a two week wait referral and straight to test pathways. She then went through specific questions on the pathway. She then sought advice from the board on the ovarian cancer pathway and an agreed format and content was agreed.

There then followed a wide ranging discussion on a number of issues including referral for diagnostics and the use of community diagnostic resources. Agreement was also reached to continue to accept referred patients who are outside of the age limits advised by NICE.

Dr Taylor agreed to redraft the referral forms and circulate to the board for information.

4. Objective no 2 – Improving the patient experience

a. Local Patient experience survey report

This item was deferred until the next board meeting however KJ agreed to raise it for discussion at the next CNS group meeting.

Action – KJ to review the survey with at the CNS group meeting on 14th March

b. User involvement update

Michelle Leach provided an update from the user involvement team report form Q2 of this year and there were no issues arising from this. ML agreed to circulate the report to board members.

Action – ML to send a copy of the report to board members

5. Objective no 3 – Research and innovation

a. Clinical Trials report Q3 2015/16

AC spoke to the tabled report from NIHR. He reported that recruitment was now spread across the network and not based on a small number of centres.

RE raised the issue of an endometrial trial which is commencing in the early summer and stressed to the board the importance of recruitment into this study. This led to a wide ranging discussion on the broader issues associated with recruitment into clinical trials. LB suggested that trial recruitment should be discussed with the CNS group in order to better inform this process.

b. Education event 2016

LB confirmed that the event was now scheduled to take place on Tuesday 21st June, 13.30 – 16.30 and will be held in the education centre at the Christie.

The group then had a discussion on possible topics and speakers of the agenda during which LB confirmed that the meeting was free and open to all involved in the care of gynaecological oncology. LB agreed to review the agenda and confirm speakers.

c. LWBC Innovation project

KJ reported on the progress of the LWBC innovation project. She confirmed that the videos were now complete and would be made available via the Macmillan website.

She also explained that the details of contact points and signposting for primary care would be collated and made available on the Manchester Cancer website.

6. Objective no 4 – Improving service delivery

a. Endometrial follow-up policy

This was deferred until the next meeting.

b. Gynae nurse group feedback

There was nothing to report on this.

c. SMDT – proposed restructuring

- i. Outline proposal
- ii. Agree project objectives
- iii. Baseline data

This discussion was minuted as one item.

LB explained the background to this piece of work and RE explained that the proposal originated at a national level by a grouping of large Trusts. He confirmed that the aim of the proposal was to refashion MDTs to make them more productive for clinicians and improved outcomes for patients. It was felt that this would also allow longer and better discussions on complex cases.

RE explained that this was an opportunity for the Gynaecology service to lead the way on designing and improving the MDT process. LB confirmed that the Quality surveillance team (Peer review) had approved the potential pilot of a restructured MDT within Gynae in Manchester. She then asked the board for their views and how they would like to take this forward.

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JH put forward the suggestion that as part of the MDT transformation consideration should be given to patients being part of the meeting in the future. She also stressed that the MDT was an integral part of the practitioner's role and that the fundamental purpose of the MDT to the service user, should not be lost as the transformation is explored.

Some of the issues discussed were –

- The impact on clinical and medical oncology resources
- How the local Trusts would support the process
- The potential impact on job planning
- The parameters to be used to measure success
- The advantages and disadvantages of the current model

RE outlined that having two MDTs was counter to the views expressed by the commissioners and current thinking in healthcare. He advised the board that addressing this would be one of the challenges of restructuring the MDTs and should not be ignored.

BWR proposed that CMFT should run with the new MDT proposal and keep the Christie in its current format. The board then had a wide ranging discussion on all aspects of the proposal. There was a consensus on the need to respond to the dialogue with acceptance of there being merit in piloting a new MDT format for the reasons outlined.

The board proposed forming a sub-group to explore a transformation of the MDT meetings.

However RE suggested an alternative method of having an away day for the service to design the new MDT.

The board then discussed the potential facilitators that may be approached to support the away day. LB agreed to look at this outside of the board meeting.

7. Any other business

There were no items of any other business.

Date and time of next meeting May 6th 2016 14.00 – 16.00hrs, St Marys, CMFT